



Every day inspired

**Sheffield
Wednesday
Community
Programme
2017
Adults at Risk
Policy and
Procedures**

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GLOSSARY

<u>Term/Abbreviation</u>	<u>Meaning</u>
CCO	Club Community Organisation
Child and Young Person	A person under the age of 18 years
Adult	A person 18 years or over
SWFC	Sheffield Wednesday Football Club
SWFCCP	Sheffield Wednesday Football Club Community Programme
SWFCCP Manager	Community Programme Manager
SCR Manager	Social and Corporate Responsibility Manager
SWFCCP SO	Community Programme Safeguarding Officer
Club DSO	Club Designated Safeguarding Officer

Safeguarding Adults at Risk Policy & Procedures

1. Principles

1.1 The SWFCCP is committed to creating opportunities for Adults at Risk to participate in a broad spectrum of activities at SWFCCP at the same time as creating a safer culture for the participants.

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

Working in partnership with Adults at Risk and their support network is essential in promoting and embedding this Policy.

2. Scope

2.1 This Policy sets out good practice and provides guidance in how to deal with situations where proactive and preventative work has failed and where harm has occurred by acts of commission or omission and where the Adult at Risk has not been able to safeguard his/herself. In particular the function of the Policy is to ensure that safeguards are put in place to keep the Adult at Risk safe and to prevent harm, either to the same Adult at Risk or to other Adults at Risk.

3. Recognition - SWFCCP recognises that;

- The White Paper 'No Secrets' (DOH 2000) gives statutory guidance in relation to the responsibilities that agencies have to protect Adults at Risk.
- Although a person may be deemed to be a vulnerable adult within the definition outlined in 'No Secrets', it should be noted that individuals can be vulnerable at some times and not others depending on circumstances, environment and events.
- Adults have a right to self-determination. They may not wish to have others intervene to safeguard them.
- Adults may consent to sexual activities and the issue of consent may affect the reporting and management of allegations unless this is with a person employed in a position of trust.

4. Definition of the term 'Adult at Risk' :

4.1 Someone who is aged 18 or over:

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

or

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

5. **Overview**

5.1 SWFCCP is committed to all its activities being inclusive and providing a safe and positive experience for everyone involved.

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

5.3 SWFCCP recognises that it has a responsibility to safeguard Adults at Risk from abuse and harm and to respond where abuse, poor practice and harm are perceived to have occurred.

5.4 SWFCCP has in place comprehensive safeguarding procedures which meet the requirements of The Football League and Premier League Rules, in particular Section S, The Safeguarding of Adults at Risk and Safe Recruitment.

SWFCCP will also ensure compliance with the Protection of Freedoms Act 2012.

6. **Safeguarding Adults at Risk**

6.1 By:

- Ensuring that all Adults at Risk, regardless of gender, race, disability, sexual orientation, religion or belief or age have the right to equal protection from all types of harm or abuse.
- Valuing them, listening to and respecting them.
- Adopting safeguarding guidelines and best practice through procedures for employees, workers, consultants, agency staff and volunteers.
- Recruiting employees, casual workers, agency staff, consultants and volunteers safely, ensuring all necessary checks are made.
- Sharing information about safeguarding and best practice.
- Sharing information about concerns with the appropriate agencies in a confidential manner.
- Providing effective management for employees, casual workers, agency staff, consultants and volunteers through supervision, support and training.

6.2 We are committed to reviewing our policy and best practice on a regular basis. The power and influence an employee, casual worker, agency staff, consultant or volunteer has over an adult who is deemed 'vulnerable' or 'at risk' cannot be underestimated. It is therefore vital for employees, casual workers, agency staff,

consultants and volunteers to recognise the responsibility they must exercise in ensuring that they do not abuse their position of trust.

7. Safeguarding Manager & Safeguarding Officers (SO)

7.1 The role of the SWFCCP Safeguarding Manager is to: provide clarity across SWFCCP to ensure full compliance with The Football League and the Premier League rules, The FA safeguarding agenda and Government legislation, whilst also maintaining key relationships with the Club Senior Management, The Football League and the Premier League Safeguarding Team, Club's Safeguarding Officers, SWFCCP safeguarding, Police, Local Safeguarding Adults at Risk Services and the Local Authority Designated Officer (for the management of allegations against professionals). Contact with these and any outside organisations will be carried out in conjunction with and under the guidance of the Club Designated Safeguarding Officer. They will:

- Provide regular reports to Senior Club Management and the Trust Board on the effectiveness of SWFCCP safeguarding strategy. Compliance and updates on current legislation and any changes in The Football League and Premier League or The FA Rules or statutory agency legislative changes which will impact on SWFCCP. Additionally and importantly, they will report any serious concerns or incidents to Senior Club Management and the Trust Board.
- The Club DSO or the SWFCCP SO will represent the Club as Lead Case Manager when cooperating with/reporting directly to external statutory agencies such as the Police or the Local Safeguarding Adults at Risk Team.
- The Club DSO and the SWFCCP SO have both been nominated to the role of the Adults at Risk Services Officer to ensure strict compliance with the Club's Adults at Risk Policy and Procedures, to ensure that the Adults at Risk Policy and Procedures are updated in line with current legislation and regulations, and to liaise with The Football League and the Premier League, The FA, the Local Safeguarding Adults at Risk Services and other appropriate agencies in matters of safeguarding.
- To promote the moral and legal responsibility to implement procedures to provide a duty of care for Adults at Risk, safeguarding their wellbeing and protecting them from abuse and poor practice – across all areas of the Club and monitor the adoption of best practice procedures in that regard.
- To report on a regular basis on the effectiveness of, and SWFCCP compliance with, policies and procedures for the safeguarding of Adults at Risk to the Safeguarding Manager.

- Ensure a culture of Adults at Risk safeguarding is embedded across SWFCCP, inter-agency cooperation and case management. Investigate allegations of poor practice within SWFCCP, liaising with The Football League and Premier League Safeguarding Team and where appropriate the Local Safeguarding Adults at Risk Services.

7.2 The role of the departmental Safeguarding Officer (SO) is to:

- Promote the moral and legal responsibilities in implementing procedures to provide a duty of care for Adults at Risk, safeguard their wellbeing and protect them from abuse and poor practice – primarily within a specific department of SWFCCP.
- To take responsibility for the day to day management of safeguarding issues and proactive promotion of safeguarding awareness and implementation within the specified department.
- To be available, at all reasonable times, as a first contact for departmental employees, workers, consultants, agency staff and volunteers, Adults at Risk , carers and if appropriate, external agencies in regards to information or referral of safeguarding matters within the department.
- To record and refer all incidents, concerns, allegations, evidence of poor practice and evidence of best practice, in confidence, and in line with Data Protection legislation.
- To handle sensitively, in confidence, any safeguarding concerns raised within the department.
- To attend regular Club Safeguarding Team meetings with other SOs, and undertake any actions raised at meetings/CPD events in order to keep up to date with current safeguarding guidelines and legislation for compliance.

8. Recruitment & Disclosure

8.1 In accordance with its legal obligations and SWFCCP Recruitment Policy, where working with children, young people and vulnerable adults is concerned and meeting the conditions laid down in law as “regulated activity”, the appropriate potential staff and volunteers will be checked as to their suitability for such work. These are unsupervised roles in football which involve teaching, training and instruction or caring for and supervising children or Adults at Risk. These prospective staff will need to undertake criminal record checks which must be concluded prior to any job offers being confirmed and will be in line with Football Association criteria and the guidance from the National Football in the Community (Football League Trust) scheme. All appropriate staff will have undergone an FA Disclosure

(DBS) Check at the specified level and will have been made aware of the Community Programme's safeguarding policy and procedures plus subsequent and ongoing training.

8.2 The SWFCCP SO liaises with the DSO to undertake and complete the DBS Criminal Record Checks procedures. This process is carried out through the GB Group with whom the Club and the Programme are registered and who are the FA's selected agent in this connection. The DBS process involving posts for regulated activity must be undertaken at least every 3 years.

8.3. The SWFCCP Recruitment Policy – to which reference must be made for full details - emphasises the commitment to safeguarding children and to the fair treatment of its staff, potential staff or users of its services, regardless of race, gender, religion, sexual orientation, age, physical/mental disability or offending background. It also explains the process concerning the employment of ex-offenders. A decision on such employment in the light of a disclosure will be taken following careful consideration of the facts by the Head of the Programme, as representative employer, in conjunction with the SO and Club DSO. This process is undertaken using stipulated criteria and risk assessment for the post in question and follows that used by the Club and the Sheffield City Council Safeguarding Children Board in the spirit of "Working Together to Safeguard Children".

8.4 The procedures within football for reporting cases of concern and misconduct, alleged or admitted/proven, will be followed closely by the triumvirate of the SO, DSO and SSM. This will involve reporting to colleagues at the English Football League (Trust Safeguarding) and could also involve reporting to the Local Authority Designated Officer (LADO) and formal reports to the Football Association's Case Management Team and the Disclosure and Barring Service.

8.5 There is a legal duty to refer cases to the DBS Service about a person working for the Community Programme where:

- The CCO withdraws permission for the person to engage in regulated activity with children and/or vulnerable adults.
- The person is moved by the CCO to another area of work that isn't regulated activity where there has been concern about the person's conduct in regulated activity.
- An action or inaction has harmed a child or vulnerable adult or put them at risk or harm.
- Where a risk of harm to a child or adult at risk exists
- Where the person has been cautioned or convicted of a relevant (automatic barring either with or without the right to make representations) offence

In the above circumstances, the referral to the DBS would be made by the Club DSO with the approval of both the CCO Senior Manager and the Club SSM.

8.6 It follows from the above that 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.

8.7 Should an individual's DBS disclosure, on inspection, reveal any convictions, SWFCCP will consider whether the nature of the offence/offences renders the person concerned unsuitable for working with Adults at Risk. The CCO Senior Manager and the CCO Safeguarding Officer together with the Club DSO will undertake this procedure. 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 EFL Trust Safeguarding Officer at the Football League (EFL), the FA Case Team and/or the Local Safeguarding Adults at Risk Services may be asked to attend the risk assessment meeting.

8.7 All new employees, workers, consultants, agency staff and volunteers working with Adults at Risk at SWFCCP on a regulated activity basis will be required to complete a self-declaration on commencement of duties.

9. Temporary staff and consultants

9.1 The Club will ensure that all agency staff and consultants working with Adults at Risk are subject to a satisfactory Enhanced DBS disclosure and sign a self-declaration form prior to engagement.

10. Employee/worker training

10.1 All employees or workers working in direct contact with Adults at Risk shall be required to complete regular training appropriate to their position.

11. Responsibility and Duty of Care

11.1 SWFCCP acknowledges its responsibility to safeguard the welfare of every Adult at Risk who has been entrusted to its care and is committed to working to provide a safe environment.

11.2 All employees, workers, consultants, agency staff and volunteers are accountable for the way in which they exercise authority, manage risk, use resources and protect Adults at Risk from discrimination and avoidable harm.

11.3 To ensure best practice at all times employees, workers, consultants, agency staff and volunteers must be fully aware of this Safeguarding Adults at Risk Policy and Procedures and the responsibilities. Accordingly, reference is made to the Policy in the Staff Handbook. Other SWFCCP Policies, including Health and Safety, Complaints and Whistleblowing also list measures for safeguarding adults at risk. See Appendix One.

11.4 All employees, workers, consultants, agency staff and volunteers have a duty of care to keep Adults at Risk safe; this can be exercised through the development of respectful, caring and professional relationships between adults and Adults at Risk. Employees, workers, consultants, agency staff and volunteers must demonstrate integrity and good judgement whilst working with Adults at Risk.

11.5 Any person responsible for an Adult at Risk, whether solely or jointly, is in a position of trust which requires behaviour to be in accordance with this policy.

Examples of positions of trust (but are not limited to) include:

- A Head of a Department, member of community staff or volunteer working with Adults at Risk, a coach, a driver, a learning mentor/tutor, as well as staff engaged in match day activity involving Adults at Risk, including stewards, hosts/ hostesses and catering personnel.

11.6 All employees, workers, consultants, agency staff and volunteers working with Adults at Risk have signed up to and thereby agree to the principles as set out in The English Football League and the Premier League Guidance for Safe Working Practice.

12. Definition of Mental Capacity

12.1 It is not for the Club, employees, casual workers, agency staff, consultants or volunteers to make a decision about whether An Adult at Risk lacks mental capacity in relation to the concern in question, but it is useful to have an understanding of the notion of capacity as explained below:

- 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.

12.2 Decisions about mental capacity will be made by medical professionals, if however, there is concern about the welfare of an adult at risk, it is important to report your concerns to one of the following:

- Designated departmental Senior Manager (designated as “First Responder”, see companion SWFCCP Safeguarding Policy)
- SWFCCP Safeguarding Officer.
- Club DSO

Contact details

12.3 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:

Stage 1 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 does not matter whether the impairment/disturbance is temporary or permanent.

Stage 2 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?

12.4 When assessing the ability to make a decision, it is necessary to consider:

- 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?

12.5 For more complex or serious decisions:

- a doctor or other professional experts will have assessed an Adults at Risk capacity. Where background information is provided from a partner agency or the individual themselves, the information should be stored confidentially.
- In most localities an Independent Mental Health Capacity Advocate (IMC) is appointed to assist an individual who is judged to lack capacity.

13. The Mental Capacity Act 2005.

13.1 This states that:

- 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.

14. Definitions and Symptoms of Abuse

14.1 Poor Practice is unacceptable and will be treated seriously with appropriate action. Any behaviour that infringes an individual's rights and/or reflects a failure to fulfil the highest standards of care is an indication of poor practice. An Adult at Risk may not be aware that poor practice or abuse is taking place, and may deem it as 'acceptable'.

14.2 Abuse is any form of physical, emotional, financial, discriminatory, sexual mistreatment or lack of care that leads to injury or harm. It commonly occurs within a relationship of trust or responsibility and represents an abuse of power or a breach of trust. Abuse can happen regardless of their gender, race, disability, sexual orientation, religion or belief or age.

14.3 Physical Injury is defined as the actual or likely injury to an adult at risk or the failure to prevent physical injury or suffering. It should be noted that only a clinical medical officer should diagnose when an injury is non-accidental. It is not the responsibility of

employees, casual workers, agency staff, consultants or volunteers to determine the cause of an injury. Symptoms of abuse include:

- Presence of injuries, cuts, bruises, burns or even broken bones which may have occurred over a period of time.
- Injuries which are in odd places, such as the inside of an arm or leg, behind the ear, the sole of the foot or inside the mouth.
- Injuries that have not received medical attention.
- Unexplained weight loss which is not being investigated.

14.4 A person who is suffering physical abuse is often afraid of the perpetrator. They may flinch when she or he approaches them or complain about not wanting to return to the place where the abuse is occurring.

14.5 Neglect is the persistent failure to meet an Adults at Risk basic physical and/or psychological needs, likely to result in the serious impairment of the Adults at Risks health or development, including where a person :

- appears malnourished or dehydrated.
- has untreated medical problems.
- has a lack of physical aids when they are required by the person to live normally (spectacles, hearing aids, dentures etc.).
- has a poor physical appearance or condition.
- does not appear to be taking the prescribed medication.

14.6 Sexual abuse involves forcing or enticing an Adult at Risk to take part in sexual activities, whether or not the Adults at Risk is aware of what is happening. This again may be difficult to identify, but there are some indicators:

- Signs of sexual activity having taken place e.g. a woman who lacks the capacity to consent to sexual intercourse becomes pregnant.
- Unusual difficulty in walking or sitting.
- Person discloses fully or partially that sexual abuse is occurring or has occurred in the past.
- Person appears unusually withdrawn or has poor concentration.
- Person exhibits significant change in sexual behaviour or outlook.

14.7 Emotional abuse is the persistent emotional ill-treatment of an Adult at Risk such as to cause severe and persistent adverse effects on the vulnerable adult's emotional development. It may feature age or developmentally inappropriate expectations being imposed on Adults at Risk. This form of abuse is more difficult to identify, but here are some signs to be aware of:

- Lack of access to medical care or other appointments such as social services.
- Low self-worth, lack of confidence, worried appearance.
- Increased levels of confusion.
- Inability to communicate.
- Submissive behaviour when the perpetrator is around.

14.8 Discriminatory Abuse consists of any form of harassment or similar treatment based on a person's gender, race, disability, sexual orientation, religion or belief or age.

14.9 Financial abuse can take many forms; money becomes a tool by which the abuser can further control the victim. Here are some signs to be aware of:

- Bills not being paid.
- Evasive behaviour from carers.
- Unexplained loss of valuable items, jewellery, heirlooms, personal collections etc.
- Unusual financial transactions or loss of financial assets.

Remember that it is not the responsibility of employees, casual workers, agency staff, consultants or volunteers to decide if abuse has taken place, but it is their responsibility to act on any concerns.

15. Consent Issues

15.1 If concerns arise, consent must be obtained from the individual concerned before a referral is made to the Local Safeguarding Adults at Risk Services or the Police. However, if others are at risk of harm the information should be passed to Local Safeguarding Adults at Risk Services or the Police even if consent is not obtained. Information about an individual should not be given to family or carers without consent of the individual. If concerns arise and the individual is unable to give consent to information sharing a referral should be made to statutory agencies. Family/carers should be informed if involved in the individual's life and not implicated in any way.

16. Responding to Allegations or Suspicions

16.1 It is not the responsibility of anyone within the Club to decide whether or not abuse has taken place. However there is a responsibility to act on any concerns. The Club will assure all employees, casual workers, agency staff, consultants or volunteers that it will fully support and protect anyone, who in good faith reports his or her concern that a colleague or another is, or may be, abusing a vulnerable adult.

17. Managing Concerns

17.1 All allegations of poor practice will be investigated by the departmental Senior Manager, the SWFCCP SO or the Club DSO.

17.2 Any suspicion that a vulnerable adult has been abused by an employee, casual worker, agency staff, consultant or volunteer should be reported to the Safeguarding Officer, who will take such steps as considered necessary to ensure the safety of the Adult at Risk in question and any other Adults at Risk who may be at risk.

17.3 The allegation will be referred to the Local Safeguarding Adults at Risk Services and/or the Police and the parents or carers of the vulnerable adult will be contacted as soon as possible, if applicable, following advice from statutory agencies.

17.4 Senior Management will be notified and if applicable The Football League (EFL) and The FA.

- If the SO/SM is the subject of an allegation, the report must be made to the Human Resources Manager or SSM who will refer the allegation to the statutory agencies.

18. Confidentiality

18.1 Every effort should be made to ensure that confidentiality is maintained for all concerned. Information should be handled and disseminated on a need to know basis only. This includes:

- The SWFCCP SO, Club DSO, SSM and HR Manager.
- The parent/guardian of the person who is alleged to have been abused.
- The person making the allegation.
- Local Authority and Police.
- Dependent on role, the National Governing Body.

18.2 No contact should be made with the alleged abuser, particularly if this is another vulnerable adult or the carer of the alleged victim. Advice must be sought from the Local Safeguarding Adults at Risk Services. Information will be stored in line with the Data Protection Act 1998.

19. Allegations against an Adult at Risk

19.1 Any allegation concerning the abuse of an Adult at Risk by another Adult at Risk must be dealt with through this policy. Any such allegation should be reported immediately to the departmental Safeguarding Officer who will inform the Safeguarding Manager. A decision, based on the advice of the Local Authority, will be made as to whether the alleged abuser should continue in their activity on the probability of risk to others.

20. Allegations against a Member of Staff

20.1 If required, a full investigation and possible disciplinary action in accordance with the Club's Disciplinary Policy for employees will follow. Casual workers, consultants or agency workers may have their Agreements terminated.

21. Dealing with a Disclosure

21.1 If an adult at risk informs you directly that they are concerned about someone's behaviour towards them, this is known as a disclosure. The following action should be taken:

- React calmly so as not to frighten the Adult at Risk.
- Tell the Adult at Risk that he or she is not to blame and that he or she was right to tell.
- Take what the Adult at Risk says seriously.
- If medical treatment is needed, take them to hospital or telephone for an ambulance – inform the medical staff that there are concerns of an Adults at Risk protection nature.
- Avoid leading the Adult at Risk in discussion and keep any questions to the absolute minimum. Ask only what is necessary to ensure a clear understanding of what has been said.
- Reassure the Adult at Risk but do not make promises of confidentiality or outcome.
- It is not part of the role of the employee, casual worker, agency staff, consultant or volunteer supporting the victim to commence an investigation into the incident.

22. Information for Local Authority and the Police

22.1 To ensure that this information is as helpful as possible, a detailed record should always be made at the time of the disclosure/concern, see Appendices 1 to 4 as follows.

Appendices Follow/.....

Appendix 1

Other Applicable SWFCCP Policies

- Bullying & Harassment Policy (Employment Policy).
- Code of Conduct for Staff and Volunteers
- Data Handling & Protection Policy.
- Disciplinary Policy (Employment Policy).
- Equal Opportunities Policy (Employment Policy).
- Grievance Policy (Employment Policy).
- Health & Safety Policy.
- Safeguarding Children Policy & Procedures.
- Whistleblowing Policy.
 - Safer Recruitment
 - Complaints

Copies of all these are obtainable from the SWFCCP SO and the Club DSO and are highlighted and summarised in the Community Programme Handbook for Staff and Volunteers.

Key Government Initiatives & Legislation

- Achieving Best Evidence 2002.
- Care Standards Act 2000.
- Equality Act 2010.
- Human Rights Act 1998.
- Mental Capacity Act 2005.
- No Secrets 2000.
- Protection of Freedoms Act 2012.
- Protection of Adults at Risk List 2004.
- Sexual Offences Act 2003.
- Safeguarding Vulnerable Groups Act 2006.

Please note that these lists are not exhaustive.

Appendix 2

Information to be recorded in case of incident

- Name of Adult:
- Date of Birth (if known):
- Gender:
- Home address:
- Phone numbers:
- Date of Referral/Reporting Concern:
- SWFCCP department making Referral/Reporting Concern:
- Date SO or Safeguarding Manager notified:
- 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 support in the community, e.g. key-carer, agency, family member, etc;
- GP name, address and phone number;
- What are the person's views about the concern being reported/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;

Appendix 3 Adult Social Services Referral (including safeguarding concerns)

If you wish to discuss a case phone the Social Services Access Team on 0114 2262900 (hereafter referred to as the Access Team).

Once completed, please fax or email the information below to the Access Team: Email to: adultaccess@sheffield.gov.uk
subject=Reporting Adult Abuse:

Date of Referral: 1. Details of person being referred Family name
First name Date of birth (if known) or Approximate age Gender: Male
Female Address Postcode GP details Does the person live alone? Yes
No Phone number Is the person aware of this referral? Yes No

2. Referrer's details Name of contact person (if different) E-mail
address Contact phone number/s (including extensions if applicable)
Relationship to person referred

3. Brief summary of reason for referral, giving dates, names of people involved and any action taken so far.

4. Does this referral relate to an adult at risk of being abused, harmed or exploited by someone else? Yes, this is a safeguarding issue No, this is a standard Adult Social Services referral

Information Recording Form in case of incident (Local Authority)

Appendix 3 continued/..

Adult Social Services Referral (including safeguarding concerns)

If you wish to discuss the following referred information, please phone the Access Team on 0114 2262900.

Once completed, please fax or email this form to the Access Team: adultaccess@sheffield.gov.uk

Date of Referral:

1. Details of person being referred Family name First name Date of birth (if known) or Approximate age Gender: Male Female Address Postcode GP details Does the person live alone? Yes No Phone number Is the person aware of this referral? Yes No

2. Referrer's details Name of contact person (if different) E-mail address Contact phone number/s (including extensions if applicable) Relationship to person referred

3. Brief summary of reason for referral, giving dates, names of people involved and any action taken so far.

4. Does this referral relate to an adult at risk of being abused, harmed or exploited by someone else? Yes, this is a safeguarding issue No, this is a standard Adult Social Services referral

5. Details of person alleged to have caused harm if this is a Safeguarding case (see section 4) Family name First name Date of birth (if known) or Approximate age Gender: Male Female Relationship to referred person Address Postcode Phone number

6. Is there immediate risk of harm to the victim? (if yes, you should consider calling the emergency services or phoning the Access service as appropriate) Yes No

7. Children Are there any children in the household? Yes No If yes, record names and ages if known Name: Age:

8. Details of any known next of kin, friends or neighbours who can help (including contact numbers if known) Name Phone / Mobile Please note that there may be other Local Authority Recording Forms that are applicable.

Contact the Club's Safeguarding Manager for advice.

Appendix 3 contd.

Referral (including safeguarding concerns) Safeguarding adults concerns

If the situation is urgent, please take steps to make sure the adult(s) at risk, and any children, are safe. If you think a crime has been committed, please call the police. Otherwise, please consider making a referral to us. Do not discuss your referral with the person(s) you think have caused harm. Unless you are a manager yourself, please inform your line manager that you are making a referral. You or your manager may be able to talk to the adult(s) at risk, without distressing them or putting them at further risk. If so, do this in a private and safe place. Get their view on the alleged abuse and what they want to be done about it. If the adult does not consent to a referral being made, you must still make a referral in the following cases:

- The adult does not have capacity to make their own decisions, but a referral is in their best interests
- A crime may have been committed
- Other adult(s) or children may be at risk of harm
- The abuse or neglect has been caused by staff, a volunteer or institution
- The adult is at risk of serious and significant harm If you are not sure whether to make a referral, you can ask the Access Team, whose details are given on the referral form. For further information please refer to <http://www.sheffield.gov.uk/safeguardingadults> or within the Club, the SWFCCP SO or the Club DSO.

Appendix 4

Safeguarding children concerns

If you think a child is at risk of abuse or neglect (someone under 18 years), contact the Access Team on 0114 2262900 or within the Club, the SWFCCP SO or the Club DSO who must be informed on all occasions.

Adult Social Services Referral (including safeguarding concerns)

Guidance Safeguarding adults concerns If the situation is urgent, please take steps to make sure the adult(s) at risk, and any children, are safe. If you think a crime has been committed, please call the police. Otherwise, please consider making a referral to us. Do not discuss your referral with the person(s) you think have caused harm. Unless you are a manager yourself, please inform your line manager that you are making a referral. You or your manager may be able to talk to the adult(s) at risk, without distressing them or putting them at further risk. If so, do this in a private and safe place. Get their view on the alleged abuse and what they want to be done about it. If the adult does not consent to a referral being made, you must still make a referral in the following cases:

- The adult does not have capacity to make their own decisions, but a referral is in their best interests
 - A crime may have been committed
 - Other adult(s) or children may be at risk of harm
 - The abuse or neglect has been caused by staff, a volunteer or institution
- The adult is at risk of serious and significant harm If you are not sure whether to make a referral, you can ask the Access Team, whose details are given on the referral form. For further information please refer to the Access Team on 0114 2262900.

Once completed, please fax or email the information to the Access Team: Email to: adultaccess@sheffield.gov.uk.

Appendix 5

Contacts for Concerns/Disclosures

“First Responders” (Normally the respective Section Manager who is first to address any problem or suspected problem arising in their area of work as reported to them)

- **Marcus Brameld, Community Programme Manager:**
contact tel. no. 07977 409807
email: marcus.brameld@swfc.co.uk
- **Match Day Club, Marcus Brameld: as above**
- **Education, Ricky Hunt:**
contact tel. no. 07730559481
ricky.hunt@swfc.co.uk
- **National Citizenship Service (NCS), Matthew Allen:**
contact tel. no. 07590398128

email: matthew.allen@swfc.co.uk

SWFCCP Safeguarding Officer (SO)

Community SO: John Williams:

contact tel. no. 07760 183945

email; john.williams@swfc.co.uk

Club Designated Safeguarding Officer (DSO)

DSO, Richard Groves: contact tel. no. 07801 231726

richard.groves@swfc.co.uk

****Note: Cases may involve reporting to the Police, Local Authority and Others and the above officers will have the relevant contact details. Alternatively they can be found at the Appendix to the SWFCCP Safeguarding Policy.***