



CANARY SAFE

A SAFEGUARDING GUIDEBOOK DEVELOPED BY NORWICH CITY FOOTBALL CLUB
IN COLLABORATION WITH THE PREMIER LEAGUE, THE ENGLISH FOOTBALL
LEAGUE, THE NORFOLK SAFEGUARDING ADULTS BOARD, AND THE NORFOLK
SAFEGUARDING CHILDREN PARTNERSHIP



Norfolk Safeguarding
Children Partnership



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FOREWORD

Tom Smith, Director

“At Norwich City we are proud of our reputation as an inclusive and welcoming community organisation. We recognise that the safety and wellbeing of everyone we serve - in particular children, young people and adults at risk - is of paramount importance to our work.

Across all of our activities, we are committed to providing safe and supportive environments by implementing effective safeguarding policy and practice, and by promoting a culture of responsibility where people know that they will be supported if they speak up.

This Guidebook is designed to provide those in our care with a clear understanding of the safeguarding standards they can expect. It also

sets out the standards that those delivering services are expected to uphold.

On behalf of the Board of Directors of Norwich City Football Club and the Board of Trustees of the Norwich City Community Sports Foundation, I acknowledge our legal and moral obligations in this vital area and fully endorse this Guidebook and associated safeguarding policies and procedures.

I would also like to thank all of our colleagues, volunteers and partners for their continued commitment and engagement to our safeguarding work, which allows us to give our participants and supporters confidence that their safety is our number one concern.”

Anybody who believes a child, young person or adult at risk is at immediate risk of harm should contact the Police as soon as possible (Telephone 999 or 101).

Any non-urgent concerns about the welfare of a child, young person or adult at risk should be reported to Norfolk County Council's customer service line on 0344 800 8020

Alternatively, you can report club related concerns to our Safeguarding Team as below:

For general safeguarding enquiries please contact 01603 721902 or safeguarding@canaries.co.uk

KEY CONTACTS

Senior Safeguarding Lead – Sam Hall (Legal and Governance Director)
sam.hall@canaries.co.uk

Head of Safeguarding – Gary Dack
gary.dack@canaries.co.uk
Tel 07931 235 513

Academy Safeguarding Lead – Currently Vacant

CCO Safeguarding Lead – Lauren Jordan
lauren.jordan@norwichcitycsf.org.uk

RDP Safeguarding Lead – Jade Nicholson
jade.nicholson@canaries.co.uk

SUPPORT AGENCIES

A list of Support agencies can be found at pages 27 and 28 of this Guidebook.

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INTRODUCTION

This Safeguarding Guidebook has been developed by Norwich City Football Club in collaboration with the Premier League, the English Football League, the Norfolk Safeguarding Adults Board, and the Norfolk Safeguarding Children Partnership.

It strengthens our commitment to ensuring that we create inclusive and welcoming environments where children, young people, and adults at risk (CYP & AAR) feel safe, valued, and respected in line with our own Club values. Regardless of age, gender, sexual orientation, ethnicity and social background, religion, and level of ability or disability it also promotes the development, health, and wellbeing of CYP & AAR. As a Football Club we are aware that there have been instances globally where people have been harmed through their involvement in football and other sports and therefore, we strive to deliver the very highest safeguarding standards to prevent similar incidents occurring.

This Guidebook articulates the actions which underpin our strategic approach and the various methods used to guide those working with CYP & AAR safely. It forms part of a broader toolkit

that contains guidance, templates, knowledge, and educational packages with the aim of supporting our staff, volunteers, and partners in their safeguarding efforts.

The concept of safeguarding and risk reduction is embedded in everything we do. We aim to achieve the highest standards of safer recruitment, safe practice and working effectively in partnerships to keep people safe. We expect all those associated with the Club to meet our own standards and values.

Whilst this safeguarding guidebook seeks to be as comprehensive as possible, it is likely that there may be circumstances which may not be covered in the content, or where there are questions about its application. We recognise that football activities can be diverse and therefore it will not be possible to describe every potential situation. In such cases the spirit of the guidebook should be used to inform all actions, with decisions being taken based on the best interest of the CYP & AAR.

The Clubs dedicated Safeguarding Team should always be contacted where clarity is required.

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SCOPE OF APPLICATION

This overarching safeguarding guidebook is aimed at all staff, volunteers, partners, and anyone engaged in any activity with Norwich City Football Club.

PURPOSE

This document has been written to set out safeguarding guidelines and procedures to assist those engaging with CYP or AAR within any environment or activity connected to Norwich City Football Club. It links to other key Club documents and guidance provided within the Club safeguarding toolkit.



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DEFINITIONS

Activity means any activity or series of activities involving CYP & AAR arranged by or in the name of Norwich City Football Club. This includes the Norwich City Community Sports Foundation, the Norwich City Regional Development Programme, and the Norwich City Women’s Football Club.

Adult at Risk (AAR) means any person aged eighteen or over who has needs for care and support (whether the local authority is meeting any of those needs) and is experiencing, or at risk of, abuse or neglect and because of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect. This may include people with learning disabilities, sensory impairments, mental health needs, older people and people with a physical disability or impairment. It may also include people who are affected by the circumstances that they are living in, for example, experiencing domestic violence. An individual’s level of vulnerability to harm may vary over time depending on the circumstances they are in and their needs at that time.

Child, Children, Young Person and Young People (CYP) means any person(s) who have not yet reached their eighteenth birthday.

Club means all parts of the organisation officially using the name or branding of Norwich City Football Club.

Community Sports Foundation means the Norwich City Community Sports Foundation (Registered Charity number: 1088239) affiliated to Norwich City Football Club that exists to achieve a positive impact in the communities in

which it operates and in the lives of those that access their services.

Designated Safeguarding Team means those members of staff, volunteers or partners who are trained to Tier 3 or above within the Club’s Safeguarding Competency Framework.

Premier League Charitable Fund (PLCF) is the charity which has the principal objective of distribution and governance of funding in the form of grants to organisations, particularly Club Community Organisations, enabling them to deliver agreed community focused initiatives which have a positive influence on a wide range of beneficiaries.

Safeguarding is the action that is taken to promote the welfare of children, young people or adults at risk and protect them from harm.

Staff, volunteers, and partners means any persons employed or deployed by the Club whether in a paid, voluntary, consultancy or third-party partnership capacity.

The English Football League (The EFL) are the three Leagues beneath the Premier League consisting of The Championship, League One and League Two featuring teams from England and Wales.

The Football Association (The FA) is English football’s governing body.

The Premier League is the top-level League of the English Football League system featuring teams from England and Wales.

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LEADERSHIP & GOVERNANCE

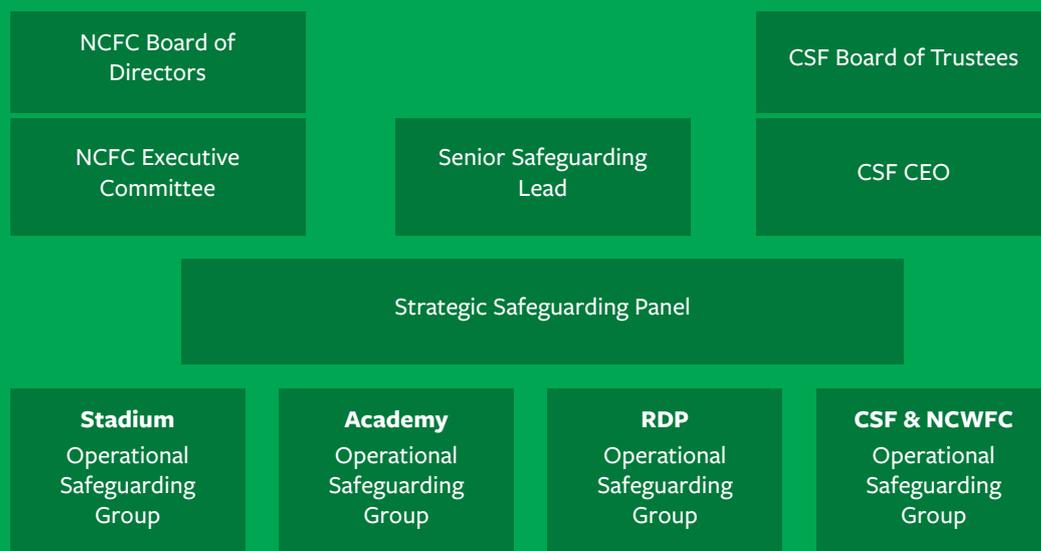
OUR SAFEGUARDING FRAMEWORK

The FA sets the safeguarding policy and regulatory framework across the game.

The Premier and English Football Leagues have safeguarding policies and procedures in place that govern their own Activities, as well as rules and requirements that govern our own safeguarding arrangements.

Norwich City Football Club (the Club), Norwich City Community Sports Foundation (CSF), Norwich City Women’s Football Club (NCWFC) and Norwich City Regional Development Programme (RDP) has a single safeguarding operating model defining their joint purpose through shared governance, systems and processes, organisational structures and capabilities, culture, values, and behaviours.

Safeguarding Model



Senior Safeguarding Leadership is delivered by the Norwich City Football Club Board of Directors and the Norwich City Community Sports Foundation Board of Trustees. They ensure robust safeguarding governance in line with the expectations set out by the Football Association and either the Premier League,

the EFL (as appropriate) or their respective Charitable Trusts. The aim of this top-level commitment to safeguarding is to create and reinforce attitudes and behaviours that value CYP & AAR, thereby creating a culture of accountability and driving continuous improvement.

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LEADERSHIP & GOVERNANCE

The Senior Safeguarding Lead (SSL) sits on both the Club Board of Directors and the CSF Board of Trustees to ensure that a consistent level of safeguarding leadership is delivered across the organisation and to facilitate an effective singular line of communication. The SSL contributes to safeguarding awareness and drives a culture of vigilance and action.

The Strategic Safeguarding Panel (SSP) is a formally constituted group within the organisational safeguarding integrated governance structure. It reports to the SSL, the Club Executive Committee, and the CSF CEO. The SSP has delegated authority from both Boards to establish and implement the strategic direction of all safeguarding activity in relation to CYP & AAR. It develops, implements, and monitors the Safeguarding Strategy and oversees and monitors all safeguarding activity to ensure the delivery of high-quality practice and to minimise the risk to any individual. The SSP establishment consists of the SSL and the Club’s Business and Project Director (who attends Club Board Meetings and is a CSF Trustee), the Chairs of the four Operational Safeguarding Groups and other key managers directly involved in safeguarding activity as part of their daily business. This group meets quarterly and is chaired by the Club’s Head of Legal Department.

The Operational Safeguarding Groups (OSG) are four formally constituted Groups within the organisational safeguarding integrated governance structure and report to the SSP. The OSG has delegated authority for establishing and implementing operational direction of all safeguarding activity across the organisation in relation to CYP & AAR. It ensures

that legal requirement and governing rules/ recommendations are effectively translated into organisational process and delivers high quality practice to minimise the risk to any individual. The four OSG’s meet monthly and are chaired by Senior Managers in the following organisational areas:

- Stadium Operational Safeguarding Group
- Academy Operational Safeguarding Group
- CSF and NCWFC Operational Safeguarding Group
- RDP Operational Safeguarding Group

The Head of Safeguarding leads on the delivery of the organisations safeguarding strategy, vision, and values. The role holder pro-actively identifies and mitigates safeguarding risk, to individuals and the organisation, whilst actively promoting safer practice and raising safeguarding awareness. A key responsibility of the role is to implement and embed a culture where safeguarding is recognised as a shared responsibility across all areas of organisational activities. The Head of Safeguarding sits on the SSP and all OSG’s to maximise the delivery of their responsibility.

Operational safeguarding practice and awareness is delivered by Designated Safeguarding Officers (DSO) and other safeguarding champions across the organisation. These responsibilities include Safer Recruitment, Safe Practice, and direction to colleagues to ensure CYP and AAR are kept safe from harm.

All staff across the organisation receive safeguarding training and awareness in line with the Clubs Safeguarding Competency

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LEADERSHIP & GOVERNANCE

Framework. They are consequently accountable for their own safe practice and are expected to raise concerns where they experience unsafe practice by others.

OUR SAFEGUARDING STRATEGIC PLAN

Our two year Safeguarding Strategic Plan (2020/22) sets out the Clubs strategic safeguarding objectives and how we will achieve them. <https://files.canaries.co.uk/canaries/SafeguardingStrategy.pdf>

The Safeguarding Strategy features four safeguarding pillars which are reflected through this policy.

LEADERSHIP AND GOVERNANCE

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Our Strategic Plan is complemented by a Safeguarding Strategy Implementation Plan which directs actions undertaken to ensure the Club deliver the strategy effectively.

ACCOUNTABILITY

The Club receive safeguarding peer support from their relevant League body (Premier League or EFL) and the Football Association.

These bodies publish safeguarding operating standards to direct our safeguarding practice and to ensure it is of an acceptable level to keep CYP & AAR safe. These safeguarding standards

are regularly examined through robust peer review, inspection, and audit.

Norwich City Football Club openly embrace any directed action, learning or recommendations from these bodies to fulfil our desire for continuous improvement.

Any recommendations and subsequent action are highlighted to the Club Board to ensure that change is influenced at the most senior level.

The Head of Safeguarding produces meaningful reports to the Board and Senior Leadership Team culminating in an end of season Annual Report concerning key safeguarding information. This ensures that the Club can develop their response through data analysis and lessons learnt.



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SAFER RECRUITMENT

Norwich City Football Club is committed to getting the right people involved and preventing unsuitable people from working with CYP & AAR. We actively promote our safeguarding recruitment standards with our partners and commissioned services.

We ensure that anyone undertaking a role that involves contact with or responsibility for CYP & AAR is taken through a safer recruitment process.

We recognise that most people who wish to work with us, in a paid or volunteer capacity, involving CYP & AAR are well motivated. However, it is also important that we ensure that all individuals have the right skills, knowledge, and attitude for the role. Some may not be suitable to work with these groups due to previous concerns about their conduct or an inability to meet the documentary requirement.

It is therefore essential that we have effective recruitment and selection procedures for both paid staff and volunteers. These help us to screen out and discourage those who may not be suitable to join the organisation.

Our Safer Recruitment procedure follows these steps:

- writing a clear job or role description - what tasks will be involved.
- writing a person specification - what experience or attributes the successful candidate needs to carry out the role.
- creating an advertisement for the post which clearly set out our expectations including those for safeguarding.
- using an application form to gather relevant information about each applicant.
- requiring specific written references.
- conducting a Values Based Interview for relevant posts.

- for relevant posts, undertaking a criminal record check via Disclosure and Barring Service (DBS) – England and Wales.
- Review, risk assessment and management of any concerning information.
- verifying qualifications and experience.
- recording recruitment decision.
- induction to the role - including safeguarding policies and procedures, Level 1 safeguarding training and understanding of our Safeguarding Code of Conduct.
- probationary period.

DBS

All staff, volunteers, and partners whose role involves working with CYP & AAR may be required to undertake enhanced DBS vetting. Such roles will be designated by the Club according to the level of contact with these groups. Those who have closer working practices with CYP and AAR will be checked against the relevant barred lists Responsibility for providing DBS checks may vary dependent on employment status.

All offers of employment in these identified roles are subject to a satisfactory outcome of the DBS screening process and when applicable, this will be set out in their 'Offer of Employment'. Until such time as their Disclosure Certificate has been received, the colleague will not be left unsupervised with CYP & AAR.

The Club is committed to the equal opportunities of its employees and therefore if a disclosure with content is received it will not necessarily result in an instant dismissal from employment. Should a disclosure with content be received, further investigation as to the circumstances and a risk assessment will be carried out to ensure the circumstances are fully understood. The employee, volunteer or partner

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may also be asked to attend an interview prior to a final employment decision being made.

Following this investigatory process, a panel will meet to consider the circumstances and to make a final assessment of the information obtained. At the conclusion of this process the panel will decide whether all factors allow the individual to be recruited safely. This panel will consist of the Head of Legal (Chair), the Head of Safeguarding and the Head of the relevant Department recruiting.

In cases where new employees, volunteers or partners have a current Disclosure Certificate the Club may ask that person to undertake another check. The original Disclosure Certificate MUST be shown to HR Onboarding and MUST be dated within six months of the employee's start date at the Club. It MUST also be applicable for a similar role of that which the person has been appointed.

All employees, volunteers and partners in relevant roles will be subject to a DBS renewal check at least every three years in line with industry standards.

Following a satisfactory initial check, if staff subscribe to the DBS Update Service consent will be sought for each status check. The Update Service is not suitable for Host Families.

Where the Club employ temporary staff, volunteers, and partners, in non-relevant roles, they may be required to sign a Self-Declaration form and will not be permitted unsupervised access to CYP & AAR.

SAFEGUARDING CODE OF CONDUCT

All our staff, volunteers and partners have a responsibility to maintain confidence in their suitability to work with CYP and AAR. Any

behaviour or action that may lead others to question motivation, intention, and suitability to work with CYP & AAR MUST be avoided.

Staff, volunteers, and partners should always act in the best interests of CYP and AAR to ensure that their safety and welfare is a primary consideration where no policy, rules or guidelines exist.

The Norwich City Safeguarding Code of Conduct sets out our expected behaviours of staff, volunteers, and partners and all will confirm understanding during any induction process.

Staff, volunteers, and partners are expected to:

- Familiarise themselves with the relevant safeguarding policy and procedure.
- Ensure that they have complied with safer recruitment procedures and the appropriate level of training commensurate with their role as identified within the Safeguarding Competency Framework.
- Be able to identify the Designated Safeguarding Team and how to contact them.
- Always ensure the safety of the children, young people, and adults at risk in their care and to act in their best interests.
- Build balanced relationships with children, young people and adults at risk based on mutual trust. Always maintain appropriate and professional boundaries.
- Treat CYP & AAR equally, with respect, dignity, and fairness.
- Ensure that the same professional standards are applied regardless of ethnic origin, colour, nationality, race, religion or belief, gender, sexual orientation, age, or disability.
- Respect the views, wishes and feelings of CYP & AAR.
- Recognise the developmental needs and capacity of CYP & AAR.
- Help maintain an ethos whereby everyone



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feels able to express any concerns comfortably and safe in the knowledge that effective action will be taken as appropriate.

- Promote an environment where poor practice is always challenged and reported in line with the Clubs ‘Speak Up’ policy.
- Report without delay any allegation, incident, or concern relating to the safety and/or welfare of CYP & AAR and take action to ensure that no person is left at immediate risk.
- Encourage and demonstrate consistently high standards of behaviour and understand the types of behaviour that may call into question their suitability to work with CYP & AAR.
- Consider risk prior to and whilst undertaking activities.
- Be aware that behaviour outside of work time may impact upon their suitability to work with CYP & AAR.
- Be aware that breaches of the law, organisational safeguarding policies and this guidance may result in criminal and/or disciplinary action being taken against them.

Staff, volunteers, and partners should never:

- Use their position of power and influence to intimidate, threaten, coerce, exploit, or undermine CYP & AAR.
- Use their status and role to form or promote inappropriate relationships with CYP & AAR. Professional boundaries MUST always be maintained.
- Use their position to gain access to information relating to CYP & AAR (or their parents and carers) for their own or others’ advantage. Such information should only be used or shared to protect and to meet the CYP & AAR’s individual needs.
- Share personal information or contact details or use any sexualised language with CYP & AAR. Carry out their duties whilst under the influence of alcohol, solvents, or drugs.

RISK MANAGEMENT

Our risk management approach involves a decision-making process that helps us to prevent or reduce the impact of unexpected or undesired outcomes in all our activities.

To reduce the possibility of harm we aim to have an early awareness of what could go wrong and to be there to implement strategies to prevent or manage it.

Our Five steps to managing risk are:

- Identifying potential hazards.
- Establishing who might be harmed and how.
- Assessing the risk, deciding whether existing precautions are adequate or whether further steps are required.
- Recording our findings and any lessons learnt and share this learning across the organisation.
- Regularly reviewing our risk assessments and making changes to practice where required.

We will ensure that our risk assessments are consistent, accountable, and transparent across all organisational activity.

Our risk assessment templates, and guidance are available for all staff to ensure that the process is completed before activities are conducted, dynamically after safeguarding events and during safer recruitment processes.

Any ‘Lessons Learnt’ through risk assessment activity will be referred to the Strategic Safeguarding Panel and reported to both Boards to facilitate organisational learning through the safeguarding integrated governance structure.

Risk assessments will be retained and stored in line with UK Data Protection Laws.



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RECOGNISING AND RESPONDING TO ABUSE, POOR PRACTICE, AND OTHER SAFEGUARDING CONCERNS

Abuse and poor practice can be perpetrated by anyone and can take place anywhere. Examples of this could be within someone’s own home, their community, within peer groups, at educational or medical environments and within sporting or leisure activities. Norwich City Football Club are committed to making it as difficult as possible for anyone to be abused, exploited, and mistreated in situations within our control.

We do not expect our staff, volunteers, and partners to be experts in recognising abuse, however we will provide them with a level of knowledge and understanding to maximise their ability to recognise abuse and poor practice and know what to do about it. This will contribute to a safer culture and environment.

We educate our staff, volunteers, and partners to be aware of the following types of abuse and concerns, use the definitions below:

Abuse of Position of Trust: A position of trust involves a person in a position of authority over another person. There is a need to protect those who, despite reaching the age of consent for sexual activity, may be vulnerable to sexual abuse and exploitation. This includes sexual activity and relationships with adults who hold a position of trust, responsibility, or authority in relation to them. These CYP or AAR may be dependent on their coach, mentor or another for their sporting development, success, or position. Some individuals use their authority and influence over young people to groom and establish a sexual relationship with them. Such a relationship may not be a breach of the criminal law, and the CYP or AAR involved may not always view it as abusive or exploitative. Relationships should be supportive, positive, and aimed at improving the young person’s skills, and progress.

Physical abuse: Any deliberate act causing injury or trauma to another person, for example, hitting, slapping, pushing, kicking, burning, giving a person medicine that they do not need

and/ or that may harm them or application of inappropriate restraint measures.

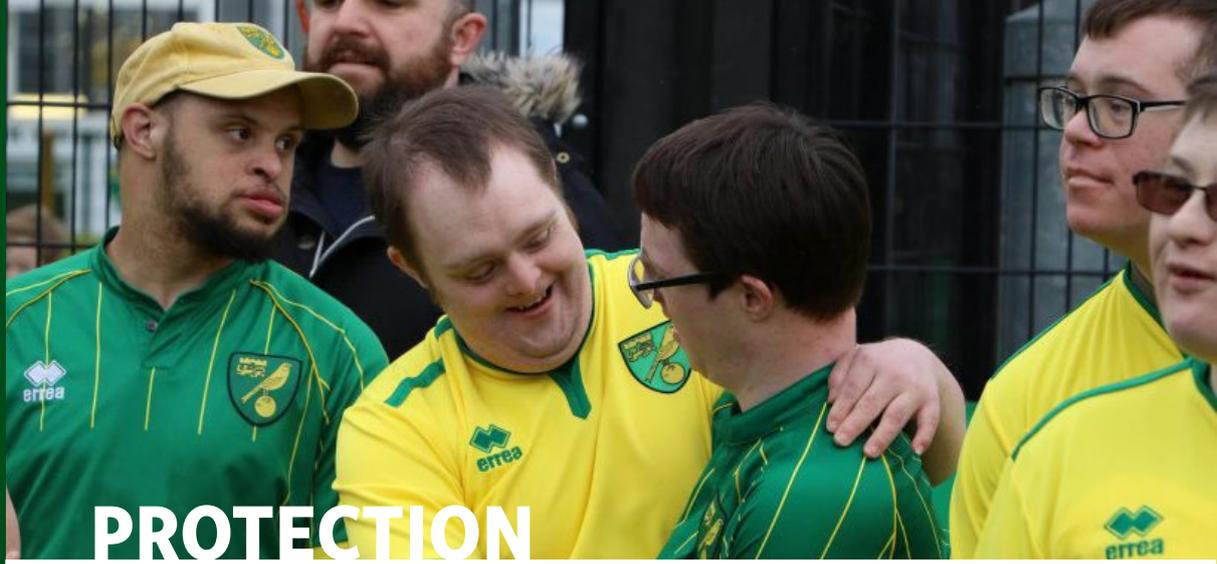
Emotional abuse: Any act or other treatment which may cause emotional damage and undermine a person’s sense of wellbeing, including persistent criticism, denigration or putting unrealistic expectations on children, young people and adults at risk, isolation, verbal assault, humiliation, blaming, controlling, intimidation or use of threats.

Sexual abuse: Any act which results in the exploitation of children, young people, and adults at risk, whether with their consent or not, for the purpose of sexual or erotic gratification. This includes non-contact activities, such as indecent exposure, involving CYP & AAR at risk in witnessing sexual acts, looking at sexual images/ pornography or grooming them in preparation for abuse (including via the internet). Whilst the age of consent (the age at which a person is legally competent to consent to sexual acts) is sixteen, it is unacceptable for staff, volunteers, and partners to abuse their relationship of trust for sexual gratification.

Grooming: The process of developing a relationship with and the trust of an individual, and sometimes their family, to exploit, abuse or traffic them. Grooming can happen both online and in person.

Child Sexual Exploitation: A form of child sexual abuse. It occurs where an individual or groups of people take advantage of an imbalance of power to coerce, manipulate or deceive a CYP into sexual activity in exchange for something the victim needs or wants and/or for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation can also take place using technology.

County lines and Child Criminal Exploitation: The organised criminal distribution of drugs by gangs from the big cities into smaller towns and rural areas using CYP & AAR. Gangs recruit children, young people, and adults at risk through deception, intimidation, violence, debt bondage



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and/or grooming. Gangs also use local property as a base for their activities, and this often involves taking over the home of an AAR who is unable to challenge them. This latter tactic is often called cuckooing. County line gangs pose a significant threat to CYP & AAR upon whom they rely on to conduct and/or facilitate such criminality – many cases will also involve Modern Day Slavery as described further below.

Cuckooing: Cuckooing is a term often linked to county lines. Cuckooing occurs when criminal gangs establish a base in the location, they are targeting for drug dealing and to operate their criminal activity from, often taking over the homes of adults at risk by force or coercion. People exploited in this way will quite often be exposed to physical, mental, and sexual abuse, and in some instances will be trafficked to areas a long way from home as part of the network’s drug dealing business. Victims of ‘cuckooing’ may often be drug users but can include older people, those suffering from mental or physical health problems, female sex workers, single mums and those living in poverty. Victims may suffer from other forms of addiction, such as alcoholism.

Neglect: Ongoing failure to meet the basic needs of CYP & AAR. Neglect may involve failing to provide adequate food or shelter including exclusion from home or abandonment, failing to protect them from physical and emotional harm or danger or failing to ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, basic emotional needs. In an activity setting, it may involve failing to ensure that CYP & AAR are safe and adequately supervised or exposing them to unnecessary risks.

Radicalisation: The process by which a person comes to support terrorism and forms of extremism leading to terrorism. Anybody, from any background can become radicalised. The grooming of CYP & AAR for the purposes of involvement in extremist activity is a serious safeguarding issue.

Female genital mutilation (“FGM”): Involves procedures that intentionally alter or injure

female genital organs for non-medical reasons. The procedure has no health benefits for girls and women. The Female Genital Mutilation Act makes it illegal to practise FGM in the UK or to take women and girls who are British nationals or permanent residents of the UK abroad for FGM whether or not it is lawful in another country

Bullying: Repeated behaviour intended to intimidate or upset someone and/or make them feel uncomfortable or unsafe, for example, name calling, exclusion or isolation, spreading rumours, embarrassing someone in public or in front of their peers, threatening to cause harm, physically hurting someone, or damaging their possessions.

Cyberbullying: The use of technology to harass, threaten, embarrass, humiliate, spread rumours, or target another person. This predominantly occurs among CYP. When an adult is the victim, it may meet the definition of cyber harassment or cyberstalking.

Discriminatory abuse: Abusive or bullying behaviour because of discrimination occurs when motivated by a prejudice against certain people or groups of people. This may be because of an individual’s ethnic origin, colour, nationality, race, religion or belief, gender, gender reassignment, sexual orientation, or disability. Actions may include unfair or less favourable treatment, culturally insensitive comments, insults, and ‘banter’. Discriminatory behaviour is unacceptable and will be reported to the Police and other bodies according to their thresholds. This includes incidents on and off the pitch (including social media).

Poor practice: This is behaviour that falls short of abuse but is nevertheless unacceptable. It is essential that poor practice is challenged and reported even where there is a belief that the motives of an individual are well meaning. Failure to challenge poor practice can lead to an environment where abuse is more likely to remain unnoticed. Incidents of poor practice occur when the needs of CYP & AAR are not afforded the necessary priority and compromising their welfare. Examples of



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this would be allowing abusive or concerning practices to go unreported, placing CYP & AAR in potentially compromising and uncomfortable situations, failing to ensure the safety of CYP & AAR at risk, ignoring health and safety guidelines, or giving continued and unnecessary preferential treatment to individuals.

Hazing: Any rituals, initiation activities, actions, or situations, with or without consent, which recklessly, intentionally, or unintentionally endangers the physical or emotional wellbeing of CYP & AAR.

Peer-on-peer abuse: CYP & AAR can be taken advantage of or harmed by their peers. Peer-on-peer abuse is any form of physical, sexual, emotional, and financial abuse, and coercive control, exercised between individuals and within relationships (both intimate and nonintimate).

Infatuations: CYP & AAR may develop an infatuation with a member of staff, volunteer or partners who works with them. Such situations should be handled sensitively to maintain the dignity and safety of all concerned. Staff, volunteers, and partners should be aware that in such circumstances, there is a high risk that words or actions may be misinterpreted and that allegations could be made against them. They should therefore ensure that their own behaviour is above reproach. Staff, volunteers, and partners who become aware that a CYP & AAR may be infatuated with him/her or with a colleague, should discuss this at the earliest opportunity with the Designated Safeguarding Team.

Domestic violence or abuse: Any incident or pattern of incidents involving controlling, coercive or threatening behaviour, violence, or abuse between those aged sixteen or over, who are or have been intimate with partners or family members regardless of gender or sexuality. This can encompass, but is not limited to psychological, physical, sexual, financial, emotional abuse and so called ‘honour’ based violence (HBA). Staff, volunteers and partners should be aware of the wider psychological

impact, on CYP or AAR living within environments of repeated domestic abuse.

The Care Act also defines additional types of abuse related specifically to safeguarding Adults at Risk which are described below.

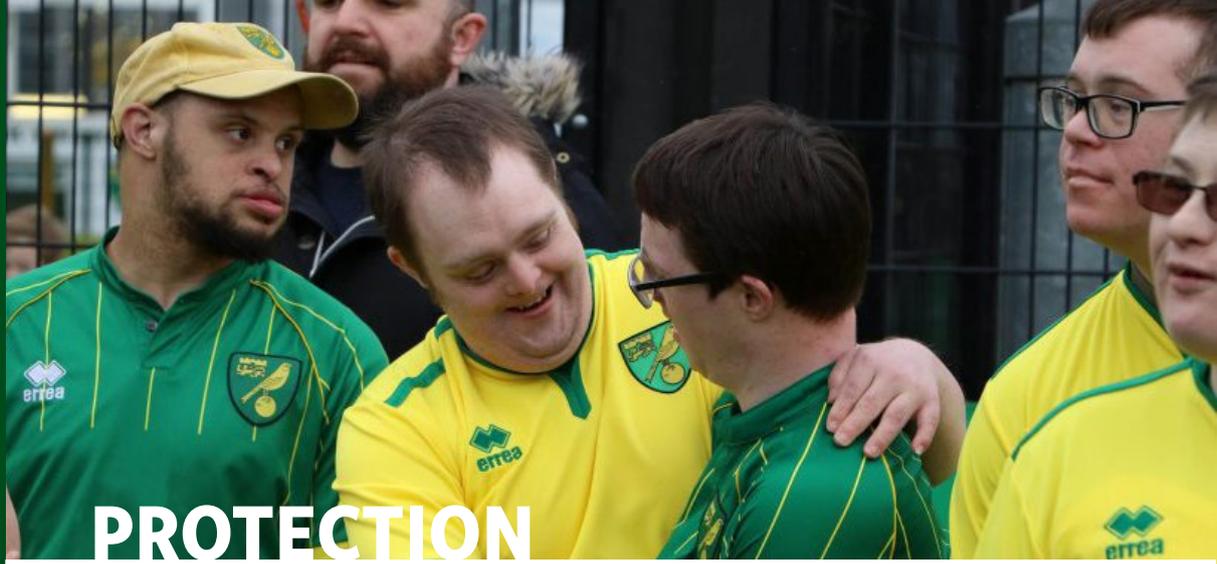
Financial or material abuse: Stealing from a vulnerable person, using them for financial gain, putting pressure on them about wills, property, inheritance, or financial transactions, misusing or stealing their property, possessions, or benefits. It may include depriving a person access to their money, property, or assets. Financial abuse is something more usually related to adults but where professional (and future professional) footballers are concerned, this is a significant area of risk.

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 (can also apply to CYP within Criminal Exploitation contexts).

Organisational or institutional abuse: Neglect and poor care practice within an institution or specific care setting such as a hospital or care home, or where care is provided within an adult at risk’s own home. This may range from one-off incidents to ongoing ill-treatment. It can be through neglect or poor professional practice because of the structure, policies, processes, or practices within an organisation.

Neglect/acts of omission: Ignoring medical, emotional, or physical care needs, failure to provide access to appropriate health, care and support or educational services or the withholding of the necessities of life such as medication, adequate nutrition, and heating.

Self-neglect: Neglecting to care for one’s personal hygiene, health, or surroundings, including behaviour such as hoarding.



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SIGNS AND INDICATORS

Indications that a CYP & AAR may be being abused can be difficult to spot. Some signs and indicators may be explained by something plausible, for example, bereavement, sudden absence of a parent or carer, adolescence, or accidental injury.

The presence of one or more signs and indicators should not be taken as proof that abuse has or is taking place, however staff, volunteers and partners do not need evidence to report a concern. A person may be at increased risk of harm if you fail to report your concerns. No single person can have a full picture of a CYP & AAR circumstances.

Staff, volunteers, and partners should NEVER think that their concerns are not significant enough to act on. They should always discuss their concerns with the Designated Safeguarding Team.

Signs and indicators of abuse and other safeguarding concerns described in this section can be found at Appendix 1.

RESPONDING TO SAFEGUARDING INCIDENTS AND CONCERNS

All safeguarding incidents and allegations MUST be taken seriously. Staff will respond in line with safeguarding policies and training. This includes allegations about non-recent abuse and allegations made against deceased individuals. Staff, volunteers, and partners should contact the Designated Safeguarding Team without delay if they witness an incident or have any concerns pertaining to the safety and welfare of CYP & AAR.

Doing nothing is never an option.

Anyone can contact emergency services or make a raise a concern directly to statutory agencies, particularly if they are concerned about a CYP & AAR's immediate safety. This should also be considered as an option if they encounter any difficulty contacting the Designated Safeguarding Team, or if they are concerned that a disclosure or information about a

safeguarding concern has not been acted upon appropriately. (See Referral Thresholds)

The Club will fully support anyone who in good faith reports their concerns about the safety and welfare of children, young people, and adults at risk.

a) How may a safeguarding concern be revealed?

A CYP or AAR may share with others that they have been abused. This can happen in a variety of ways including:

- Directly: Telling someone what has happened to them.
- Indirectly: Inadvertently or deliberately communicating through behaviours, emotions, art, writing, appearance, inquiries, or discussions about fears, concerns, or relationships.

We recognise that it takes extraordinary courage for someone to go through the journey of revealing abuse and we will ensure that appropriate action is taken to support and protect them.

b) How to respond to a safeguarding concern

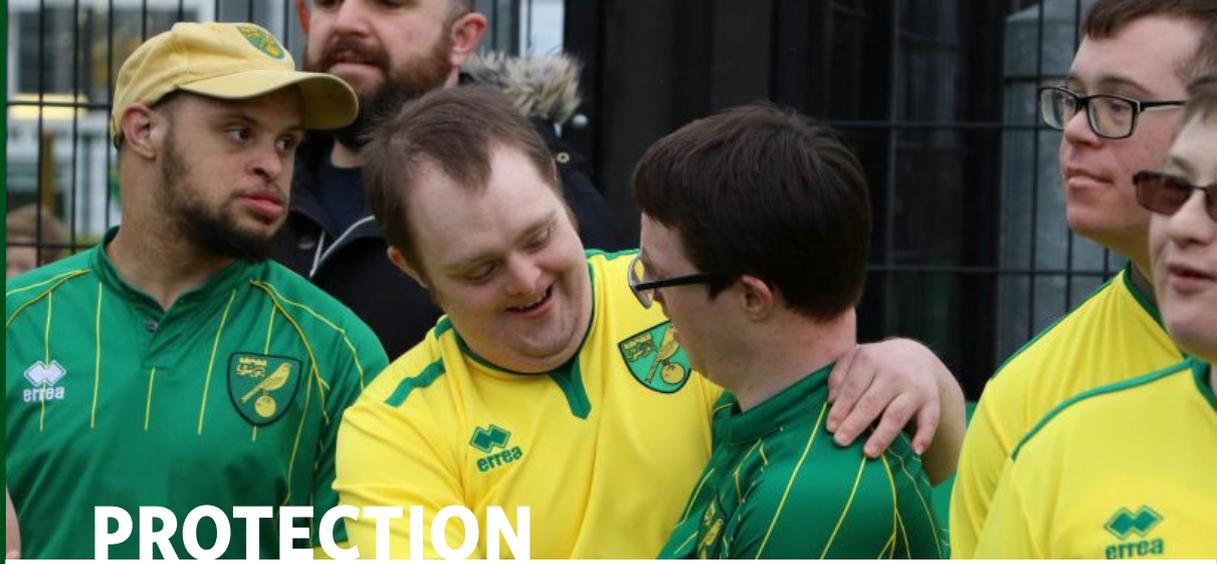
Listen

Staff, volunteers, and partners should give their full attention to the person revealing any form of abuse and should keep their body language open and encouraging.

Staff, volunteers, and partners should respect pauses and not interrupt the person involved.

Staff, volunteers, and partners should limit any questioning to the minimum necessary to seek clarification only. When seeking clarification, staff, volunteers, and partners should use the direct language of that person to demonstrate that it is their lived experience.

Staff, volunteers and partners should be aware that words may mean different things



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to different people and therefore it is always important to check understanding of what is actually being said.

Reassure

Staff, volunteers, and partners should provide reassurance that the person involved is being taken seriously and that they are not to blame.

Views and wishes

Staff, volunteers, and partners should engage the person involved as far as possible about how best to respond to their safeguarding situation.

Staff, volunteers, and partners are expected to act in the best interests of CYP & AAR. Seek advice from the Designated Safeguarding Team without delay if in any doubt about what action to take, including sharing information see Appendix 2.

Safety

Staff, volunteers, and partners should ensure that the immediate needs of the person involved are met and should prioritise their safety and protection above all else. This may involve contacting emergency services and/or statutory agencies. The Designated Safeguarding Team **MUST** be immediately notified of all such action.

Act

Staff, volunteers, and partners should explain to the person involved what action they will be taking and how they will support them through the process. There may be circumstances where it is not appropriate to explain the actions that will be taken, for example, a CYP or AAR's age and understanding, or if doing so would place the person at greater risk of harm.

Staff, volunteers, and partners **MUST** refer details of the safeguarding incident to the Designated Safeguarding Team.

Where it is suspected that a crime has been committed, the police should be contacted

immediately, and physical, forensic, and other evidence **MUST** be preserved.

c) Record

Good record keeping is essential safeguarding practice. It is vital that staff, volunteers, and partners make a written record as soon as possible after the person has revealed abuse, their immediate needs have been met and the appropriate referrals have been made. Staff, volunteers, and partners should contact the Designated Safeguarding Team if in doubt about recording requirements.

Staff, volunteers, and partners **MUST never**:

- Make ambitious promises or promise confidentiality.
- Seek details beyond those the person willingly reveals.
- Ask leading questions.
- Give the impression that the person revealing abuse is to blame.
- Approach the alleged perpetrator of abuse or person whose behaviour and/or actions there are concerns about.

The flowchart in Appendix 2 outlines the steps to be taken by staff, volunteers and partners when dealing with a safeguarding incident.

RECORDING INFORMATION

All safeguarding incidents should be recorded on a Club Safeguarding Referral Form which can be found at Appendix 3. An online version can be found on the Safeguarding Intranet page. If staff, volunteers, and partners are unable to access the Safeguarding Referral Form, a written record should include the following information:

- Provide a factual account of what you have observed or have been told.
- The date and time of what you have witnessed or been told.
- Details of those involved:
 - (i) person(s) whose safety and welfare there are concerns about,
 - (ii) alleged perpetrator of abuse or person(s) whose behaviour or actions there are concerns about,
 - (iii) witnesses and



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- (iv) any third party who has raised concerns.
- Action taken and your rationale for taking these actions.
- Date and time of referring the information and to whom the information was referred.
- Your details as the referrer.

Staff, volunteers, and partners are expected to:

- Provide clear, concise, and relevant information.
- Record information in an objective and professional manner.
- Record information of fact rather than assumption of what you have witnessed or been told.
- Record actual words and language. Do not rephrase what you have been told or leave things like insults or intimate vocabulary out.
- Record observations, for example, a description of visible bruising or injuries.

Never ask someone to remove or adjust their clothing to observe any bruises, marks, or injuries.

If more information is recalled later, this should be added as an addendum. The original record MUST not be changed.

Staff, volunteers, and partners should be aware that such records may be used as evidence for investigations and inquiries, court proceedings, disciplinary procedures and/or quality assurance purposes.

CONFIDENTIALITY

All safeguarding incidents and allegations MUST be taken seriously, and every effort should be made to ensure that confidentiality is maintained for all concerned. Those who need to know are those who have specific responsibilities to support and protect the CYP & AAR and others who may be at risk. Examples would include statutory agencies, the Premier League/ EFL and FA Safeguarding Teams, parents, and carers. Care should be taken in cases where parents or carers are suspected to be the perpetrators. If in any doubt what to share further advice should be sought from Safeguarding staff.

COMMUNICATION AND MEDIA PROTOCOLS

All media enquiries and communications following any safeguarding incident or about our general safeguarding provision MUST be approved by our Communications and Designated Safeguarding Team's to ensure investigations and identities of those involved are not compromised.

SUPPORT FOR STAFF, VOLUNTEERS AND PARTNERS DEALING WITH SAFEGUARDING INFORMATION

Dealing with a safeguarding incident may have an impact on the wellbeing of all those involved. It is important that anyone affected seeks help if they feel that they need support.

Club employees have 24-hour access to the Employee Assistance Programme support line via Met Life by calling 0800 012 147 and quoting the reference 420Jo464.

Volunteers and partners can contact our HR Team for assistance with specific signposting to for access support.

The Charity Mind provide advice and support to anyone experiencing a mental health problem. Infoline: 0300 123 3393 Email: info@mind.org.uk Text: 86463

Post: Mind Infoline, PO Box 75225, London, E15 9FS

Their Infoline provides an information and signposting service which is open 9am to 6pm, Monday to Friday (except for bank holidays).

MANAGING SAFEGUARDING CONCERNS

Our safeguarding processes are underpinned by statutory guidance to effectively safeguard CYP & AAR. We are committed to working in partnership with key statutory agencies (health, social care, education, and police), the FA, the Premier League, and the EFL to achieve positive outcomes.



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Through our partnership working, we have created a culture where safeguarding responsibilities and procedures for creating safe environments and raising concerns are widely understood and embedded in our values and practices.

All safeguarding concerns will be managed on a secure IT system by trained users. All entries will be timely, accurate and written comprehensively to maintain high levels of accountability and transparency. An ethos of defensible decision making will be demonstrated through users explaining any relevant actions and why they were undertaken.

LOW LEVEL CONCERNS

The Club has developed and implemented a low-level concern policy as part of a culture that enables staff to share any concerns – no matter how small – and ensures that we effectively respond to them. This culture will enable staff to understand that the sharing of low-level concerns is seen as a neutral act rather than one which apports blame. This complements our ‘Speak Up’ reporting policy whilst focusing on low level concerns regarding adult’s behaviour towards CYP & AAR. This includes the option of self-reporting by adults or adults sharing lower-level concerns about the behaviour or unsafe practice of other adults.

REFERRAL THRESHOLDS

a) Police

We will contact Police via 101 or online means if a crime has been committed against a CYP & AAR at risk within our environments. We will contact them immediately via 999 if they are in immediate danger.

b) Local Authority

If we have a concern about a CYP we will telephone the Local Authority’s Children’s Advice and Duty Service (CADS) on 0344 800 8021 as a priority action and as soon as is reasonably practicable.

If we have a concern about an AAR, we will telephone the Local Authority’s Adult Social Care Department on 0344 800 8020 as a priority action and as soon as is reasonably practicable. When calling please state you wish to report a safeguarding concern for adult at risk.

There we will be put through to the appropriate worker in the Social Care Community Engagement Team (SCCE) who will take all the relevant details.

In line with this policy, we will make sure we are prepared with the full details of the CYP or AAR and their family or carers, plus what our concerns are, details of any support we have provided and what we would like to happen.

We will ensure we gain consent from the parent/ carer unless to do so would place CYP or AAR at further risk of harm or undermine a criminal investigation. If we have not sought consent from the parent/carers we will inform the Local Authority worker of this and the reason why.

The Local Authority worker will agree a way forward with us and keep us informed. They will send us a written record of our conversation within 5 working days.

The Club will not investigate such matters and will be directed by the Local Authority and/or the Police. We will make careful records of all conversations, including the dates and times of who we spoke to, the information shared, and the action agreed. We do not need to send a written referral.

Full details of these processes can be found at <https://www.norfolkscb.org/people-working-with-children/how-to-raise-a-concern/> and <https://www.norfolk.gov.uk/care-support-and-health/protecting-someone-from-harm/help-an-adult-at-risk-of-harm/report-a-concern>

We understand if we are unhappy about any decisions made by CADS, Adult Social Services or the MASH we can use the NSCP Resolving Professional Disagreements policy in relation to children <https://www.norfolkscb.org/about/policies-procedures/10-2-resolving-professional-disagreements/> or the Adult Social Care Complaints



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process on <https://www.norfolk.gov.uk/what-we-do-and-how-we-work/have-your-say/compliments-and-complaints/adult-care-complaints>

The Local Authority Designated Officer (LADO) is responsible for management and oversight of all Child protection allegations made against staff, volunteers and partners who work with CYP. Any person can raise a concern directly with them.

Adult Social Care similarly deal with such matters through their ‘Speak Up’ process.

Where concerns are made about our staff, volunteers and partners and we believe that the report could demonstrate that the member of staff in question has:

- Behaved in a way that has harmed a CYP or AAR or may have harmed a CYP or AAR.
- Possibly committed a criminal offence against or related to a CYP or AAR.
- Behaved towards a CYP or AAR in a way which indicates they may pose a risk of harm to them.
- Behaved in a way that indicates they may not be suitable to work with CYP or AAR.

We will refer and consult with our LADO or Adult Social Care partners to ensure that correct safeguarding processes are followed and that our practice remains transparent and accountable.

In those cases which pass the Local Authority thresholds the LADO and Adult Social Care will investigate the circumstances and subsequently adjudicate whether the person involved is suitable for continued work with CYP or AAR. This matter will be separate to any internal investigation carried out in line with the Club’s Disciplinary Policy.

Throughout this process the person involved will be kept fully informed and supported through the process in line with our wellbeing arrangements.

Further information can be found:

<https://www.norfolk.gov.uk/children-and-families/keeping-children-safe/local-authority-designated-officer>

<https://www.norfolk.gov.uk/care-support-and-health/protecting-someone-from-harm/help-an-adult-at-risk-of-harm/what-happens-after-you-report-a-concern>

a) Football Authorities

We will make referrals to the FA and Premier League/EFL Safeguarding Units within 24 hours (or as soon thereafter as practicable) where any referral to or from any external authority (including, without limitation; the Police, Local Authority, DBS, or Charity Commission) about abuse to any CYP or AAR by any of our current, prospective, or former employee, volunteer, or partners. This also includes allegations of non- recent abuse.

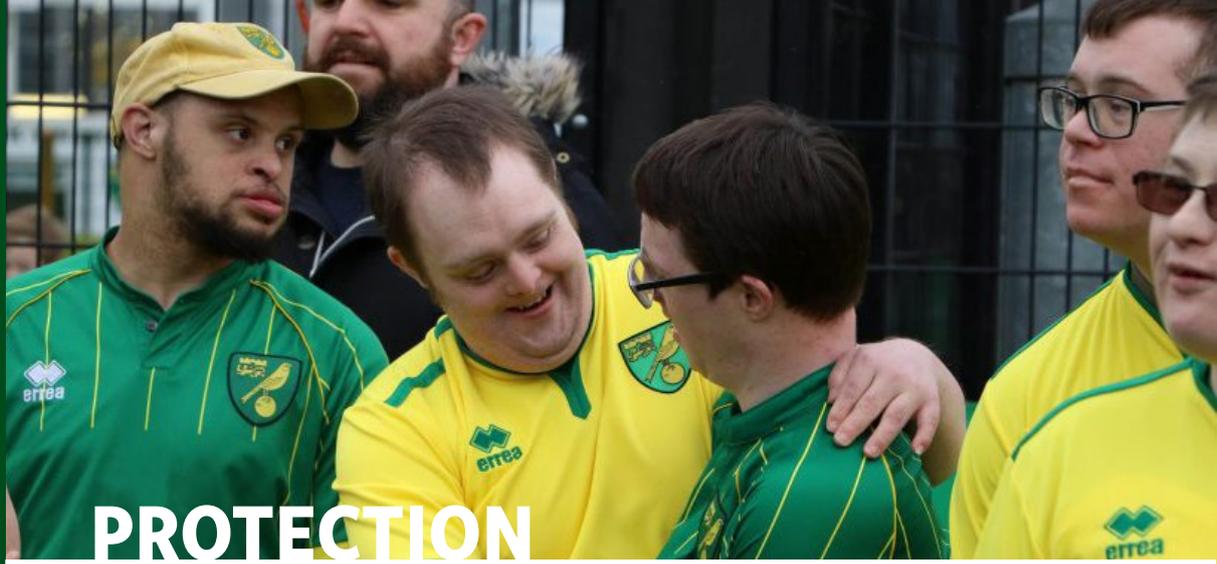
The FA will assess people who pose, or may pose, a risk of harm and put in place safeguards. The FA’s regulatory framework enables them to act against any affiliated person or organisation that breaches their safeguarding regulations and policies. On an individual level, The FA can put in place risk management measures ranging from education, mentoring and supervision agreements, to interim and permanent suspensions.

These Football Authorities may participate in safeguarding planning processes, such as LADO or Strategy meetings, commission independent inquiries and provide support to all those involved.

b) Disclosure and Barring Service

Our duty to refer to the Disclosure and Barring Service (DBS) is met when we have dismissed or removed a person from regulated activity (defined in the Safeguarding Vulnerable Groups Act 2006 as amended by the Protection of Freedoms Act 2012) or would or may have if the person had not left, resigned, retired, been made redundant or moved to another position because the person has:

- Been cautioned or convicted for a ‘relevant offence’. A ‘relevant offence’ for the purposes of referrals to the DBS is an offence that would result in the individual’s automatic inclusion in the Children’s or Adults’ barred list.
- Engaged in ‘relevant conduct’. ‘Relevant



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conduct’ is that which endangers or is likely to endanger CYP or AAR.

- Satisfied the ‘harm test.’ The ‘harm test’ is met when an employer believes that an individual may harm, may cause to be harmed, may put at risk of harm, may attempt to harm, or may incite another person to harm a CYP or AAR.

Referrals to the DBS should be made once investigations and disciplinary processes are complete (even if the person has left employment). Referrals must be made even if a significant period has passed between the allegation and the gathering of evidence to support a decision to make a referral.

c) Charity Commission

The Charity Commission is the statutory regulator of charities in England and Wales. Our Community Sports Foundation and the EFL Trust/Premier League Charitable Foundation (PLCF) are required to report serious incidents, which include safeguarding issues, to the Charity Commission. Government guidance states that if a serious incident takes place, a charity needs to report what happened and explain how they are dealing with it, even if they have reported it to the police, donors, or another regulator.

The Charity Commission’s priority is to ensure that Trustees meet their legal requirements and obligations. Where there has been abuse or non-compliance, the Charity Commission may require corrective action to be taken by the trustees, including directing them to act or certain actions.

d) Kick it Out

We will refer all race discriminatory abusive incidents within our environments to Kick it Out in line with existing Premier League/EFL protocols. This organisation will provide the necessary support for anyone affected by the incident.

SAFE WORKING PRACTICE

We believe that best safeguarding practices protect everyone.

We will inform our staff, volunteers and partners about practices that contribute to a safer culture and environment however we recognise that it cannot cover all eventualities.

Staff, volunteers, and partners are expected to make judgements about their actions and behaviour to secure the best interests and safety of the CYP & AAR in their care.

All actions and behaviours should be guided by the principle that the safety and welfare of CYP & AAR is paramount.

a) Maintaining professional boundaries

Working with CYP & AAR may involve physical contact, such as medical intervention, responding to success or distress, preventing an injury or accident, sporting skills instruction or demonstrating the safe use of a piece of equipment.

There may be some roles where physical contact is commonplace and/or a requirement of the role, particularly in sports science or medicine.

These tasks should only be undertaken by properly trained and qualified practitioners.

This Guidebook does not seek to replace the specific guidance and codes of practice developed for those professionals.

CYP & AAR are always entitled to respect and privacy, particularly when in a state of undress, changing clothes, showering, or undertaking any form of personal care.

All supervision measures should be transparent, consistently applied, and appropriate to the needs, age, and capacity of those concerned. Staff, volunteers, and partners should never assist with personal care tasks that can be undertaken independently and any such assistance must form part of an agreed care plan.

Engaging in sexual activity or an intimate relationship with a CYP & AAR with whom staff, volunteers and partners come into contact through



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their role will be considered a breach of trust leading to a referral to the appropriate authorities.

In some circumstances, such a breach may also constitute a criminal offence. Sexual activity does not just constitute physical contact. It may also include non-contact activities, such as causing CYP & AAR to engage in or watch sexual activity or producing sexually explicit material.

In all circumstances where a CYP or AAR initiates inappropriate contact, it is the responsibility of the member of staff, volunteer, or partner to sensitively deter them and help them understand the importance of personal boundaries.

Should inappropriate contact be initiated by CYP or AAR, then it must be recorded and reported to the Designated Safeguarding Team.

If a member of staff, volunteer or partner believes their own actions could be misinterpreted or they observe an action or behaviour by another member of staff, volunteer or a partner that could be inappropriate or possibly abusive, the incident and circumstances should also be recorded and reported to the Designated Safeguarding Team or via the Clubs internal 'Speak Up' procedure.

b) Communication with children, young people, or adults at risk

Good communication is central to working with CYP & AAR, however all communication by whatever method should take place within professional boundaries.

This includes the wider use of technology, for example, mobile phones, email, and social media.

Staff, volunteers, and partners are expected to:

- Build respectful and trusting relationships with CYP & AAR.
- Only contact CYP & AAR, for professional reasons and with the knowledge and agreement of the Club.
- Always maintain professional boundaries.

Staff, volunteers, and partners MUST never:

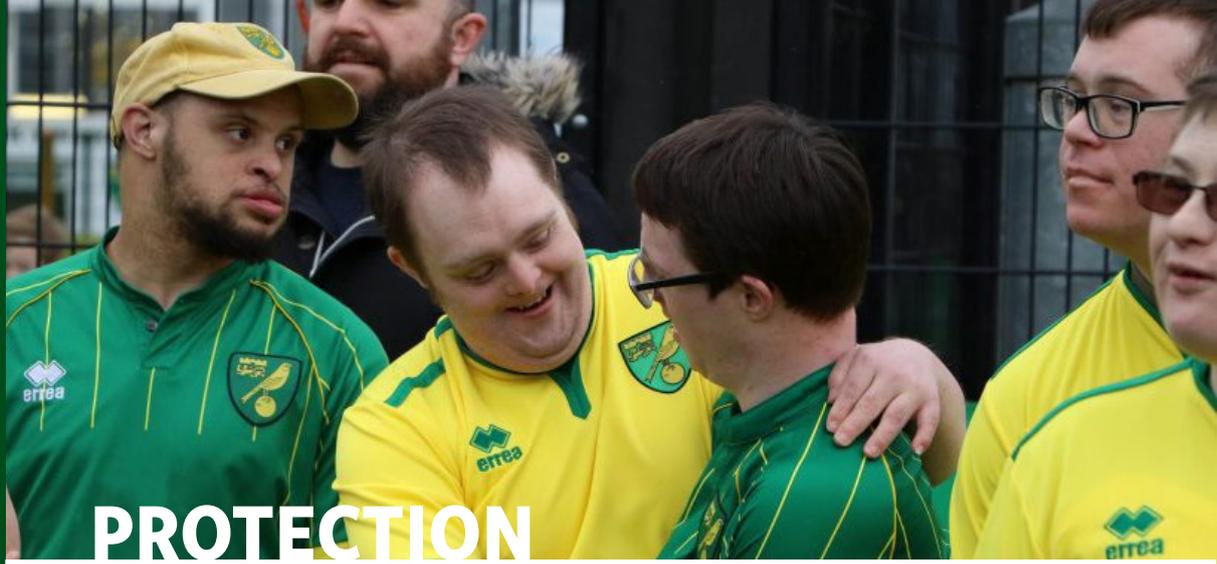
- Intimidate, threaten, coerce, exploit, or undermine CYP & AAR.
- Use offensive, abusive, sexualised, or inappropriate language.
- Share any personal information or contact details with CYP & AAR.
- Request any personal information from CYP & AAR without the knowledge and agreement of Club. The Club must always be aware of all data processed.

c) Creating a safe environment

We believe that the safety, welfare, and enjoyment of CYP & AAR should be a primary consideration during the planning, delivery, and review of all our activities.

The following key considerations give staff, volunteers and partners a good framework to build from when planning and delivering activities:

- Experience and suitability of the staff, volunteers and partners involved.
- Assessing the suitability of partners and service providers and the adequacy of their safeguarding and safer recruitment policies and practices.
- Ensuring that contractual agreements outline respective safeguarding responsibilities.
- Health, safety, and safeguarding risks should be identified and mitigated. Pre-activity and dynamic risk assessments should be undertaken by competent staff, volunteer, and partners.
- Safe travel and transport arrangements.
- Ensuring that accommodation is in a safe location, is safely managed and is of good standard for security, hygiene and first aid.
- Emergency response procedures covering injury, illness, emergency evacuation, safeguarding concerns, missing persons, local services, and emergency contacts including emergency consular assistance details when abroad.
- Ensuring that there is adequate insurance cover in place.
- Consent for participation, emergency medical treatment and the use of images/footage.
- Appropriate supervision arrangements and ratios.



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- Ensuring that additional vulnerability and needs are carefully considered.
- Codes of conduct for CYP & AAR, staff, volunteers, partners, and spectators.
- Procedures for dealing with challenging behaviour and bullying.
- Security and measures to manage the behaviour of spectators.
- Safe dispersal procedures.

This list is not exhaustive, and staff should consult with the Designated Safeguarding Team to ensure that they are supported to fully consider and appropriately managed safeguarding risks prior to delivery.

d) Supervision and ratios

Staff, volunteers, and partners are always expected to provide appropriate supervision of the CYP & AAR. The level of supervision required will vary between activities.

Ratios for each activity should be determined by taking the following into consideration:

- The age, needs, abilities and behaviour of the CYP & AAR participating.
- The competence and experience of staff, volunteers and partners involved.
- The nature and duration of the activity.
- Risk assessments and/or intelligence identifying potential behavioural or other issues and risks. Staff, volunteers, and partners should seek advice from the Designated Safeguarding Team when planning activities to ensure that appropriate ratios and supervision arrangements are carefully considered.

e) Lone working and one-to-one situations

A lone worker, for the purpose of this Policy, is defined as a member of staff, volunteer or a partner who is engaged in activities which place them in a situation without direct contact with other staff, volunteers and partners or without direct supervision. Every effort should be made to avoid such situations however if staff find themselves in such conditions unexpectedly, they should adhere to safer working best

practice contained in this document and finish the activity as soon as reasonably practicable.

f) Staff, volunteer, and partner responsibilities

Work in an open and transparent way and avoid conduct which could raise concern or place CYP & AAR.

Under no circumstances should staff and partners visit children, young people, and adults at risk in their homes outside agreed work arrangements. Nor should they invite CYP & AAR to their own home or to that of a family member, colleague, or friend.

Ensure that contact by whatever means and meetings with CYP & AAR outside agreed working arrangements never take place without the knowledge and agreement of the Designated Safeguarding Team.

g) Gifts, rewards, and selection

Staff, volunteers, and partners should exercise care when selecting CYP & AAR for activities, privileges, or rewards to avoid perceptions of favouritism or unfairness. Methods and criteria for selection should always be transparent and consistently applied with the knowledge and agreement of the Designated Safeguarding Team.

Care should also be taken to ensure that staff, volunteers, and partners do not accept any gift that might be construed as a bribe by others or lead the giver to expect preferential treatment.

h) Behaviour management

CYP & AAR always have a right to be treated with respect and dignity, even in circumstances where they display difficult or challenging behaviour. CYP & AAR must never be subject to any form of treatment that is harmful, abusive, humiliating or degrading.

All measures for dealing with difficult or challenging behaviour must be deployed with the knowledge and agreement of the Designated Safeguarding Team.



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PROTECTION

Parents/guardians of CYP should be informed where behaviour management measures are deployed. Carers may be informed, where appropriate, with the consent of the AAR.

i) Photography and video footage

Photography and video footage include the taking of still photographs, filmed and moving images and video recordings by whatever means. We will ensure that photography and video footage is only be taken and used where it is necessary and legitimate to do so and with the appropriate consent.

Staff, volunteers, and partners must work with the Designated Safeguarding Team when planning for the taking and use of photographs and video footage of CYP & AAR to ensure that our safeguarding and Data Protection Policies are adhered to.

Staff, volunteers, and Partners must never:

- Take, display, or distribute photographs or video footage of CYP & AAR without the knowledge and agreement of parents/carers.
- Share photographs or video footage of the CYP & AAR on private social or professional media accounts, for example, Instagram, Facebook, or LinkedIn through club activities.

j) Transport

It is not appropriate for staff, volunteers, and partners to transport CYP & AAR outside of their normal working duties.

Any occasion where a child, young person or adult at risk requires lone transport in an emergency or where not to provide such transport may place them at risk of harm, must be reported to the Designated Safeguarding Team by the person providing the transport.

Parental/ legal guardian/carer consent should also be sought where possible.

Staff, volunteer, and partner responsibilities:

- Only transport CYP & AAR if it is part of your role and responsibilities. Staff, volunteers, and partners must ensure that emergency arrangements are justified, reported, and recorded.
- The safety and welfare of CYP & AAR must underpin staff, volunteer and partners behaviour and actions.
- Ensure that the vehicle is roadworthy, appropriately insured and that the maximum capacity is not exceeded.
- Ensure that all arrangements for vehicle, passenger and driver safety are in place, including appropriate licence and insurance documents.
- Staff, volunteers, and partners must be fit to drive and free from any drugs, alcohol or medication that is likely to impair their judgement or ability to drive.
- CYP & AAR should occupy the back seats.
- Ensure seatbelts are working and are always used.

k) First aid and administration of medication

In circumstances where a CYP & AAR needs medication regularly, an agreed care plan with parents/guardians/carers should be established. This will enhance their safety and those staff, volunteers and partners who are working with them.

When administering first aid, staff, volunteers, and partners should ensure that another adult is aware of the action being taken wherever possible.

Staff, volunteers, and partners should understand the extent and limitations of their role and should recognise when an injury requires more experienced intervention.

Parents/Legal Guardians should always be informed when first aid has been administered to a CYP. Carers may be informed, where appropriate, with the consent of the AAR where mental capacity is not an issue.



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LISTENING CULTURE

We are committed to ensuring that safeguarding is person-led and outcome-focused. We will engage CYP & AAR about how best to respond to their safeguarding situation in a way that enhances involvement, choice and control as well as improving wellbeing and safety. We believe that CYP & AAR have the right to be heard and involved in decisions that affect them.

We pledge to always act in the best interests of CYP & AAR, and we will seek their views (and in the case of a CYP, the views of their parents/guardians where appropriate) as far as is feasible taking their age, understanding and capacity into account when responding to disclosures and safeguarding concerns.

In the absence of consent from an individual making a disclosure or, to whom the information relates, we will take proportionate action that does not increase the risk of harm. This may include sharing information where there is an overriding duty to do so for legitimate purposes.

SPEAK UP

Speaking Up is an important aspect of safeguarding where staff, volunteers, partners, and our CYP & AAR are encouraged to share genuine concerns about an individual or an organisations behaviour.

The behaviour of staff, volunteers or partners may not be overtly abusive, but they may not be following our safeguarding code of conduct or they could be pushing the boundaries beyond normal limits.

Speaking Up is very different from a complaint or a grievance. The term 'Speaking Up' generally applies when you witness behaviour that does not follow our code of conduct and that threatens other people or children.

The concern may relate to something that is happening currently, has happened in the past or that you think could happen in the future.

It is our intention that all staff, volunteers, and partners feel confident about coming forward and reporting any issues/concerns that they may have, whilst remaining protected from any subsequent discrimination.

a) Our Speaking Up Aims

Ensure everyone understands their responsibilities and feel confident in raising and reporting a serious concern at the earliest opportunity.

Provide avenues for staff to raise their concerns and receive feedback on any action taken.

Ensure that staff receive a response to their concerns and that they are aware of how to pursue them if they are not satisfied.

Reassure staff that they will be protected from possible reprisals or victimisation if they have made any disclosures in good faith. Any concerns can be reported without this leading to any harassment or victimisation, and every effort will be made to keep both the concern and the whistle-blower's identity confidential.

b) What should be reported?

- Any breach of our Safeguarding Code of Conduct
- Discrimination of any kind
- Concerns that could impact on the health and safety of CYP or AAR
- The inappropriate treatment or care of a CYP or AAR
- Decision making for personal gain
- Abuse of position
- Deceit
- Tampering with documents or records

INFORMATION SHARING

Where there are safeguarding concerns, staff have a duty to share information. It is important to remember that in many Safeguarding Practice Review (children) and Safeguarding Adult Reviews (adults), lack of information sharing can be a significant contributor when things go wrong. Information should be shared with consent wherever possible.



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A person's right to confidentiality is not absolute and may be overridden where there is evidence that sharing information is necessary to support an investigation or where there is a risk to others e.g., in the interests of public safety, a police investigation, implications for regulated service.

Golden Rules of Information Sharing

Remember that the General Data Protection Regulation (GDPR) is not a barrier to sharing information but provides a framework to ensure that personal information about living persons is shared appropriately.

Be open and honest with the CYP or AAR (and/ or their parents or carers where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so.

Seek advice if you are in any doubt, without disclosing the identity of the person where possible.

Share with consent where appropriate and, where possible, respect the wishes of those who do not consent to share confidential information. You may still share information without consent if, in your judgment, that lack of consent can be overridden in the public interest. You will need to base your judgment on the facts of the case.

Always consider safety and well-being: Base your information sharing decisions on considerations of the safety and well-being of the person and others who may be affected by their actions or the actions of the perpetrator.

Sharing should be necessary, proportionate, relevant, accurate, timely and secure: Ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those people who need to have it, is accurate and up to date, is shared in a timely fashion, and is shared securely.

Information

Keep a record of your decision and the reasons for it – whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose.

Any information disclosed should be:

- clear regarding the nature of the problem and purpose of sharing information
- based on fact, not assumption
- restricted to those with a legitimate need to know
- relevant to specific incidents
- strictly limited to the needs of the situation at that time
- recorded in writing with reasons stated

OUR SAFEGUARDING COMPETENCY FRAMEWORK

To achieve our safeguarding vision, we have set out the minimum safeguarding training requirements for all Club staff and volunteers in our Safeguarding Competency Framework. We acknowledge that certain people will require training to a higher level commensurate with their role. This Framework will ensure that we keep CYP & AAR safe through competent practice and consistent standards.

Our safeguarding competencies are a set of abilities that enable staff to effectively safeguard, protect and promote the welfare of CYP & AAR. They are a combination of skills, knowledge, attitudes, and values that are required for safer and effective practice.

Our Framework sets out the level of safeguarding competency required by our staff and volunteers upon assessment of their role in relation to contact with and responsibility for CYP & AAR. The scope of competency will start at a basic level of awareness to an advanced specialist level for those in roles requiring it.

All staff will receive a baseline level of safeguarding training to ensure they attain the



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basic competencies to be able to recognise safeguarding risks and to empower them to confidently report what they have seen.

Heightened levels of training for those with direct supervision and appropriate to their role and follow the relevant professional guidance to ensure that our environments remain safe places for CYP & AAR.

Training is not limited to formal events but can include a wide range of learning and development activities including shared expertise, e-learning, shadowing, and presentations.

Managerial support has been identified as one of the most important factors that contributes to the effectiveness of learning and development. Our Managers therefore play a crucial role in supporting their staff to attend training, transfer learning into practice by ensuring they have enough time, resources, and opportunities to use their new skills.

LISTENING

Listening to CYP & AAR is essential in enabling their right to express their views on matters that affect them, and to have their views considered in a meaningful way. All have an equal right to be listened to, an entitlement which includes each with individual needs, capabilities and means of communicating.

Listening is defined as:

- an active process of receiving (hearing and observing), interpreting, and responding to communication – it includes all the senses and emotions and is not limited to the spoken word.
- a necessary stage in ensuring the participation of all children, as well as parents and staff, in matters that affect them.
- an ongoing part of tuning in to all as individuals in their everyday lives.
- sometimes part of a specific consultation about an entitlement, choice, event, or opportunity.
- Understanding listening in this way is key to providing an environment in which all, feel

confident, safe, and powerful, ensuring they have the time and space to express themselves in whatever form suits them.

We listen to CYP & AAR because:

- it acknowledges their right to be listened to and for their views and experiences to be taken seriously about matters that affect them.
- of the difference listening can make to our understanding of CYP and AAR priorities, interests, and concerns.
- of the difference it can make to how CYP and AAR feel about themselves.
- listening is a vital part of establishing respectful relationships with those we work with.
- listening is not only important for those who are being listened to, but also for the adults who are listening.
- By learning from those people who are affected by poor practice we can improve the way we deliver our services and to further strengthen our safeguarding response.

AWARENESS RAISING

We all have a role to play in protecting CYP & AAR from abuse and neglect, but research shows that currently a third of people who suspect child abuse may not act on their suspicions. We therefore understand that awareness campaigns can make a significant contribution to the prevention of abuse and our social responsibility to do so.

Through awareness raising we hope to raise wider knowledge of the signs to look out for which could indicate a CYP or AAR is being abused or neglected.

Heightened levels of training, appropriate to their role, are required for those with direct supervision of CYP & AAR, alongside following any relevant professional guidance to ensure that our environments remain safe places for everyone.

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The Premier League Safeguarding Unit can be contacted via:

safeguarding@premierleague.com

Call: 0207 864 9000



The EFL Safeguarding Unit can be contacted via:

safeguarding@efl.com

Call: 01772 325490



The Football Association is English football's governing body. You can learn more about safeguarding in football on their website and safeguarding concerns can be emailed.

safeguarding@thefa.com

[CLICK HERE](#) to visit their website



Advice on internet safety and safe surfing. You can contact them confidentially if something has happened online which has made you feel unsafe, if you are worried about somebody else, or to report online abuse.

[CLICK HERE](#) to make a report

[CLICK HERE](#) to visit their website



Childline is a free and confidential service for children and young people up to their 19th birthday. They are available any time, day or night. You can contact them by phone, by email or through their 1-2-1 counsellor chat.

Call: 0800 1111

[CLICK HERE](#) to visit their website



Adults can contact the NSPCC helpline to get advice or share their concerns about a child, anonymously if they wish. Trained professionals are available 24 hours a day, 7 days a week. In an emergency and/or if someone is in immediate danger, call the Police on 999 (101 for non-emergencies).

help@nspcc.org.uk

Call: 0808 800 5000

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SUPPORT AGENCIES



Contact the Ann Craft Trust safeguarding adults advice helpline by calling. Visit their website for further advice or support.

Call: 0115 951 5400

[CLICK HERE](#) to visit their website



The PFA Safety Net is an online support service for Academy players that offers advice and information on matters like mental health, relationships and lifestyle choices. Parents/carers and club staff can also access this service for advice and information. The Safety Net forms part of the PFA Youth Advisory Service that offers independent advice relating to; Football Authority rules, regulations and Academy registration and contractual offers.

youthadvisory@thepfa.co.uk

Call: 0161 235 0575



The Offside Trust is the organisation set up and run by survivors of child sexual abuse in sport. It provides support and advice on the healing journey and works to improve awareness of safeguarding.

[CLICK HERE](#) to visit their website



Educate against hate; Government advice and trusted resources to safeguard children from radicalisation, build resilience to all types of extremism and promote shared values.



Provide advice and support to empower anyone experiencing a mental health problem.

info@mind.org.uk

Infoline: 0300 123 3393



Supporting children and adults across Norfolk, Suffolk, Essex with drug and alcohol recovery and wellbeing

[CLICK HERE](#) to visit their website



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APPENDIX 1.

Possible signs and indicators of abuse, bullying and other safeguarding concerns

These possible signs and indicators are not exhaustive; however, they can assist in identifying abuse, bullying and other safeguarding concerns. The presence of signs and indicators alone are not confirmation that abuse has occurred.

Abuse and Bullying

- Losing interest or dropping out of positive activities or activities they once enjoyed
- Subdued or changed behaviour in the presence of an individual(s)
- Changes in eating habits or developing an eating problem
- Sudden weight change
- Sudden changes in behaviour
- Sudden changes in performance
- Not being able to concentrate or focus
- Alcohol and/or substance misuse
- Isolation from family, peers and/or social networks
- Self-harm or suicide attempts
- Becoming withdrawn
- Depression
- Anxiety
- Sleep disorders

Physical abuse

- Unexplained marks, injuries, burns or scalds, bite marks, loss of hair in clumps, broken or fractured bones
- Recurrent injuries
- A history of unexplained falls, or minor injuries
- Inconsistent accounts for the cause of injuries
- Injuries not consistent with the explanation given for them
- Injuries found at different states of healing
- Injury shape like an object
- Refusal to discuss injuries
- Arms and legs kept covered in hot weather
- Fear of medical help
- Delays in physical development
- Drowsiness due to too much medication or lack of medication

Emotional abuse

- Isolation
- Fear of making mistakes
- Over meticulous
- Becoming withdrawn, agitated and/or anxious
- Tearfulness
- Unexplained paranoia or excessive fears
- Low self-esteem
- Struggling to control their emotions
- Have difficulty making or maintaining relationships
- Lack of growth or development
- Unexplained speech disorders
- Lack social skills
- Having few or no friends
- Acting or dressing inappropriate for age, gender and/or culture

Sexual abuse

- Genital and stomach pain, itching, bruising, discharge and bleeding, pregnancy, incontinence, repeated urinary infections and sexually transmitted infections
- Difficulty walking or sitting
- Having inappropriate knowledge of sexual behaviour for their age
- A preoccupation with anything sexual
- Inappropriate or unusual changes in the way affection is shown
- Displaying inappropriate sexualised behaviour, such as dressing in a sexualised manner or sending sexualised images by mobile phone (“sexting”)
- Having nightmares
- Bed-wetting

Child Sexual Exploitation

- Unexplained gifts, money, or possessions they cannot or will not explain
- Going missing for periods of time or regularly returning home late
- Skipping school or being disruptive
- Genital and stomach pain, itching, bruising, discharge and bleeding, pregnancy, incontinence, repeated urinary infections, and sexually transmitted infections
- Having inappropriate knowledge of sexual behaviour for their age
- A preoccupation with anything sexual
- Inappropriate or unusual changes in the way affection is shown
- Being frightened of certain people, places, or situations
- Being secretive
- Sudden changes in their appearance and wearing more revealing clothes

County lines/Child Criminal Exploitation

- Unexplained gifts, money, or possessions they cannot or won't explain
- Going missing for periods of time or regularly returning home late
- Persistently going missing from school or home
- Being found out-of-area
- Starting to use new or unknown slang words
- Starting to adopt certain codes of group behaviour e.g. ways of talking and hand signs
- Unexplained physical injuries, and/or refusal to seek or receive medical treatment for injuries
- Excessive receipt of texts and/or phone calls
- Graffiti style ‘tags’ on possession
- Constantly talking about another person who seems to have a lot of influence over them
- Breaking contact with old friends and hanging around with one group of people
- Gang association
- Associating with known or suspected gang members, closeness to siblings or individuals in the family who are gang members
- Expressing aggressive or intimidating views towards other groups of, some of whom may have been friends in the past
- Being frightened of certain people, places, or situations
- Relationships with controlling individuals or groups
- Carrying weapons

Cuckooing

- An increase in people entering and leaving their property
- An increase in cars or bikes outside the property
- Increasing litter outside the property
- Possible increase in anti-social behaviour
- Signs of drugs use



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Lack of healthcare visitors
 Change in mood and/or demeanour, for example, being secretive, becoming withdrawn, aggressive, or emotional
 Unexplained, sometimes unaffordable new things
 Unexplained injuries
 Substance misuse and/or drug paraphernalia

Neglect

Poor hygiene
 Looking unkempt
 Being smelly or dirty
 Frequent tiredness
 Being hungry or not given money for food
 Malnutrition
 Having unwashed clothes
 Ill-fitting or inappropriate clothing such as no warm clothes in winter
 Stealing food and/or money
 Being left alone for a long time
 Being withdrawn, depressed or anxious
 Finding it hard to concentrate or take part in activities
 Untreated injuries and medical problems
 Parents or carers absent or unsupportive or disengaged

Grooming

Being very secretive about how they are spending their time, including when online
 Isolation – not seeing friends and family
 Having money or new things like clothes and mobile phones that they cannot or will not explain
 Being upset, withdrawn, or distressed
 Sexualised behaviour, language, or an understanding of sex that is not appropriate for their age, understanding and/or culture
 Spending more time away from home or going missing for periods of time
 They start talking about a new friend, girlfriend, boyfriend or partner and it is not clear who they are or how they met them
 A child having an older boyfriend or girlfriend
 Underage drinking or drug taking
 Grooming can also lead to radicalisation.

Radicalisation Vulnerability

Identity crisis - Distance from cultural or religious heritage and uncomfortable with their place in the society around them
 Personal crisis - Family tensions or trauma, sense of isolation, adolescence, low self-esteem, disassociating from existing friendship group and becoming involved with a new and different group of friends, searching for answers to questions about identity, faith and seeking a sense of belonging
 Personal circumstances - Migration, local community tensions, events affecting country or region of origin, alienation from UK values, having a sense of grievance that is triggered by personal experience of racism or discrimination or aspects of Government policy
 Unmet aspirations - Perceptions of injustice, feeling of failure, rejection of civic life
 Criminality - Experiences of imprisonment, poor resettlement or reintegration or previous involvement with criminal groups
 Experience of poverty, disadvantage, discrimination, or social exclusion
 Learning difficulties and mental health support needs
 Experienced personal trauma, particularly any trauma associated with war or sectarian conflict Behaviours
 Using extremist narratives and a global ideology to explain

personal disadvantage.
 Justifying the use of violence to solve societal issues
 Significant shift in behaviour or outward appearance that suggests a new social, political, or religious influence
 Conflict with family over religious beliefs, lifestyle, or dress choices
 Vocal support for terrorist attacks (either verbally or written)
 Witnessed or been the perpetrator or victim of racial or religious hate crime
 Travel for extended periods of time to international locations known to be associated with extremism
 Change in emotional behaviour, for example, becoming withdrawn or angry
 Sharing of views or trying to influence others with extremist ideology
 Ignoring or demonising viewpoints that contradict their own
 Expressing themselves in an 'us vs. them' manner about others who have alternative beliefs
 Increasingly secretive or unwilling to discuss views
 Changing their circle of friends
 Losing interest in activities they once enjoyed
 Becoming socially withdrawn or spending a lot of time online
 Secretive about who they talk to online and which websites they visit
 Belief in conspiracy theories and distrust of mainstream media
 Justifying the use of violence or expressing a desire for revenge
 Access to extremism/extremist influences
 Association with extremist groups, associates or family engaging in extremist activity
 Accessing the internet for the purpose of extremist activity, for example, use of closed network groups, access to or distribution of extremist material, contact associates covertly via online measures, for example, Skype and email
 Possesses or is actively seeking to possess and/or distribute extremist literature or other media material likely to incite racial, religious hatred or acts of violence.
 Support for groups with links to extremist activity, for example, propaganda distribution, fundraising and attendance at meetings
 Extremist ideological, political, or religious influence from within or outside UK

Female Genital Mutilation

Difficulty walking, sitting, or standing
 Spending longer than normal in the bathroom or toilet
 Difficulties urinating or incontinence
 Unusual behaviour after a lengthy absence
 Reluctance to undergo normal medical examinations
 Asking for help, but may not be explicit about the problem due to embarrassment or fear
Possible warning signs that FGM might be about to take place are:
 A planned summer trip to a country known to practise FGM
 Talk about visiting relatives for a special procedure, ceremony, or event
 Mention of a female relative coming to visit
 Asking for help from a trusted adult if she feels at risk of danger
 Referencing FGM, female circumcision, cutting or it's other alternative names listed in the National FGM Centre's guidance: <http://nationalfgmcentre.org.uk/fgm/fgm-resources/>
 A holiday that includes additional time away before, or at the end of the summer, encroaching on school time
 The family preparing to take the girl abroad 'on holiday' e.g., arranging vaccinations or requesting a prolonged absence from school



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Bullying

- Sudden loss of friends or avoidance of social situations
- Being frightened of certain people, places, or situations
- Unexplainable injuries
- Lost or destroyed clothing of property
- Frequent headaches or stomach aches, feeling sick or faking illness
- Changes in eating habits, like suddenly skipping meals or binge eating.
- Difficulty sleeping or frequent nightmares
- Declining grades, loss of interest in schoolwork, or not wanting to go to school
- Sudden loss of friends or avoidance of social situations
- Feelings of helplessness or decreased self-esteem

Domestic violence

Witness to Domestic Abuse

- Aggression or bullying
- Anti-social behaviour, like vandalism
- Anxiety, depression, or suicidal thoughts
- Attention seeking
- Bed-wetting, nightmares, or insomnia
- Constant or regular sickness, like colds, headaches, and mouth ulcers

Victim of domestic abuse

- Low self-esteem
- Physical evidence of violence such as bruising, cuts, broken bones
- Exhibits excessive privacy concerning their personal life or the person with whom they are in a relationship
- Verbal abuse and humiliation by their partner in front of others
- Feeling anxious and stressed in their partner's presence
- Fear of outside intervention
- Damage to home or property
- Isolation – not seeing friends and family
- Limited access to money

Online grooming, bullying and abuse

- If someone is being or has been groomed or abused online, they might:
 - Spending increased or less time online or on their devices
 - Spend a lot more or a lot less time than usual online, texting, gaming, or using social media
 - Seem distant, upset, or angry after using the internet or texting
 - Be secretive about who they are talking to and what they are doing online or on their mobile phone
 - Have lots of new phone numbers, texts or email addresses on their mobile phone, laptop, or tablet
 - Appear controlled by their phone
 - Switch to a new screen when someone comes near the computer
 - Upset or frustrated after going online or gaming

Abuse specific to adults at risk

Financial or material signs

- Being unable to afford a new kit, appear to be hungry or mention being unable to bills
- Unexplained lack of money or inability to maintain lifestyle
- Disparity between assets and satisfactory living conditions
- Signs of financial hardship in cases where the person's financial affairs are being managed by a court appointed deputy, attorney, or Lasting Power of Attorney
- Extraordinary interest by family members and other people in

the person's assets

- The person allocated to manage financial affairs is evasive or uncooperative
- Recent changes in deeds or title to property
- Rent arrears and eviction notices
- Unnecessary property repairs

Modern slavery

- Signs of physical or emotional abuse
- Appearing to be malnourished, unkempt or withdrawn
- Isolation from the community, seeming under the control or influence of others
- Living in dirty, cramped, or overcrowded accommodation and or living and working at the same address
- Working very long hours and has no money
- Lack of personal effects or identification documents
- Always wearing the same clothes
- Avoidance of eye contact, appearing frightened or hesitant to talk to strangers
- Fear of law enforcers

Organisational or institutional abuse

- Failure to respond to abuse appropriately
- Failure to respond to complaints appropriately
- Insufficient staff or high turnover resulting in poor quality care
- Persistently failing to their needs
- Authoritarian management or rigid regimes
- Lack of choices in their home or care setting, for example, having to go to bed at a certain time
- Not offering choice or promoting independence
- Misuse of medication
- Discouraging visits or the involvement of relatives or friends
- Inappropriate use of restraints
- Lack of respect for dignity and privacy
- Not providing adequate food and drink, or assistance with eating
- Failure to provide care with dentures, spectacles or hearing aids
- Not taking account of individuals' cultural, religious, or ethnic needs
- Interference with personal correspondence or communication

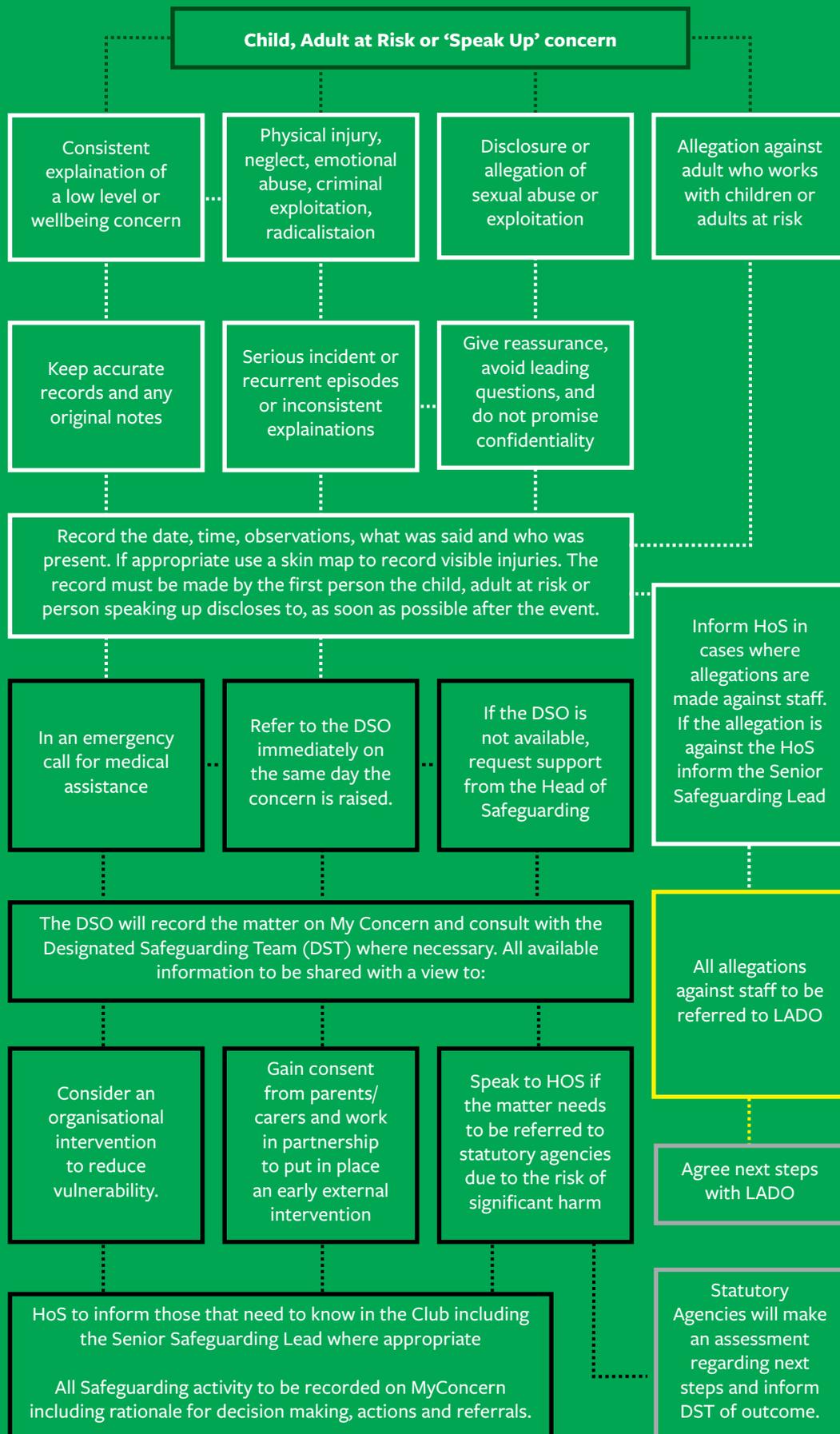
Neglect and acts of omission

- Poor physical condition
- Dirty kit
- Clothing in poor condition
- Inappropriate or inadequate clothing
- Inadequate diet
- Unexplained weight loss, or other signs of malnutrition
- Untreated injuries or medical problems
- Need for dental care not being met
- Failure to be given personal hygiene
- Poor personal hygiene
- Examples of self-neglect include:
 - A refusal or inability to cater for basic needs, including personal hygiene and appropriate clothing
 - Neglecting to seek assistance for medical issues
 - Not attending to living conditions – letting rubbish accumulate in the garden, or dirt to accumulate in the house
 - Hoarding items or animals

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Norwich City Disclosure or Allegation Flow Chart



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Allegation/Information Reporting Form

Full name:	DOB:	Activity Name	Additional needs:	
Gender:	Ethnicity:			
Home Address:		Telephone:		
		Email:		
Members of household				
Name	Relationship to subject	Age or DOB if known	Tel No	
Significant Others (relatives, carers, friends, child minders, etc.)				
Name	Relationship to subject	Address	Tel No	
Other Agency Involvement				
Name of officer/ person	Role and Agency	Status of Subject if known i.e. CIN/LAC/ DoLS/MCA	Tel No	Date

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REPORTING A CONCERN ABOUT A CHILD/ADULT AT RISK

Part 1 (for use by any staff)

Subject name:	Date of Birth:
Date and Time of Incident:	Date and Time (of writing):
Person Reporting Name:	
Print Signature:	
Job Title:	
Record the following factually: What are you worried about? Who? What (if recording a verbal disclosure by the child/adult at risk use their words)? Where? When (date and time of incident)? Any witnesses?	
What is the child/adult at risk's account/perspective?	
Professional opinion where relevant.	
Any other relevant information (distinguish between fact and opinion). Previous concerns etc.	
What needs to happen? Note actions, including names of anyone to whom your information was passed and when.	

Check to make sure your report is clear to someone else reading it.

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Time and date information received, and from whom.	
Any advice sought – if required (date, time, name, role, organisation and advice given).	
Action taken (referral to children’s/ adult social care/monitoring advice given to appropriate staff etc.) with reasons. Note time, date, names, who information shared with and when etc.	
Parent/carers informed? Y/N and reasons.	
Outcome Record names of individuals/ agencies who have given information regarding outcome of any referral (if made).	
Should a My Concern record be commenced if there is not already one? Why?	
Signed	
Printed Name	

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Logging concerns/information shared by others external to the Club (Pass to Designated Safeguarding Team)

Subject Name:	Date of Birth:
Date and Time of Incident:	Date and Time of receipt of information:
Recipient of information:	
Name of caller/provider of information:	
Organisation/agency/role:	
Contact details (telephone number/address/ e-mail)	
Relationship to the child/adult at risk	
Information received:	
Actions Recommendations for the organisation:	
Outcome:	
Name	
Signature:	
Date and time completed:	
Counter Signed and name of DST staff	
Date and time:	

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Body Map Guidance for Staff

Body Maps should be used to document and illustrate visible signs of harm and physical injuries.

Always use a black pen (never a pencil) and do not use correction fluid or any other eraser.

Do not remove clothing for the purpose of the examination unless the injury site is freely available because of treatment.

At no time should an individual /member of staff take photographic evidence of any injuries or marks to a child or adult at risk's person, the body map below should be used. Any concerns should be reported and recorded without delay to the appropriate safeguarding services, e.g. Statutory Services or Support agencies.

When you notice an injury to a child/adult at risk, try to record the following information in respect of each mark identified e.g. red areas, swelling, bruising, cuts, lacerations and wounds, scalds and burns:

- Exact site of injury on the body, e.g. upper outer arm/left cheek.
- Size of injury - in appropriate centimetres or inches.
- Approximate shape of injury, e.g. round/square or straight line.
- Colour of injury - if more than one colour, say so.
- Is the skin broken?
- Is there any swelling at the site of the injury, or elsewhere?
- Is there a scab/any blistering/any bleeding?
- Is the injury clean or is there grit/fluff etc.?
- Is mobility restricted as a result of the injury?
- Does the site of the injury feel hot?
- Does the child/adult at risk feel hot?
- Does the child/adult at risk feel pain?
- Has the child/adult at risk's body shape changed/are they holding themselves differently?

Importantly the date and time of the recording must be stated as well as the name and role of the person making the record. Add any further comments as required.

Ensure First Aid is provided where required and record

A copy of the body map should be kept on the child/adult at risk's concern file.

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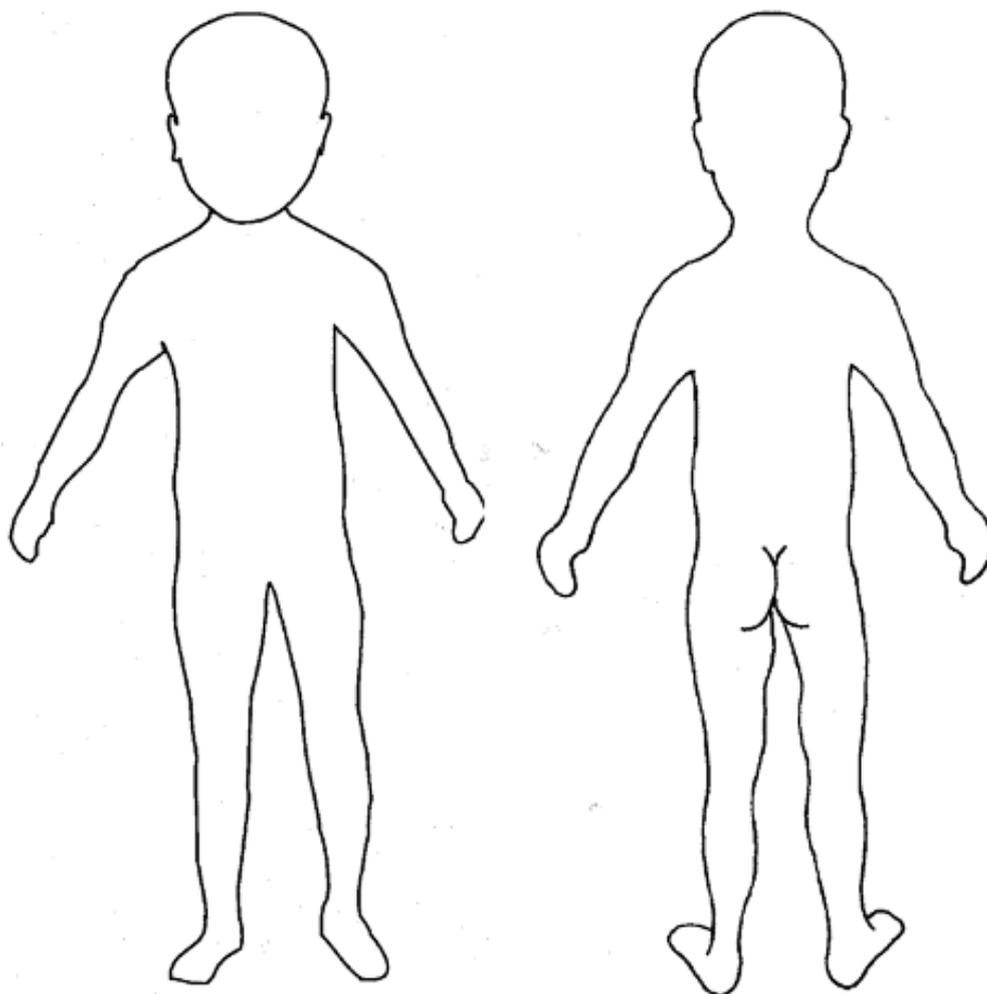
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BODYMAP (This must be completed at time of observation)

Name of subject:	Date of Birth:
Name of Staff member:	Job title:
Date and time of observation:	



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RECOGNISING AND RESPONDING TO ABUSE, POOR PRACTICE, AND OTHER SAFEGUARDING CONCERNS

16 SIGNS AND INDICATORS

RESPONDING TO SAFEGUARDING INCIDENTS AND CONCERNS

17 RECORDING INFORMATION

18 CONFIDENTIALITY

COMMUNICATION AND MEDIA PROTOCOLS

SUPPORT FOR STAFF, VOLUNTEERS AND PARTNERS DEALING WITH SAFEGUARDING INFORMATION

MANAGING SAFEGUARDING CONCERNS

19 LOW LEVEL CONCERNS

REFERRAL THRESHOLDS

21 SAFE WORKING PRACTICE

25 EMPOWERMENT & EDUCATION

LISTENING CULTURE

SPEAK UP

INFORMATION SHARING

26 OUR SAFEGUARDING COMPETENCY FRAMEWORK

27 LISTENING

AWARENESS RAISING

28 SUPPORT AGENCIES

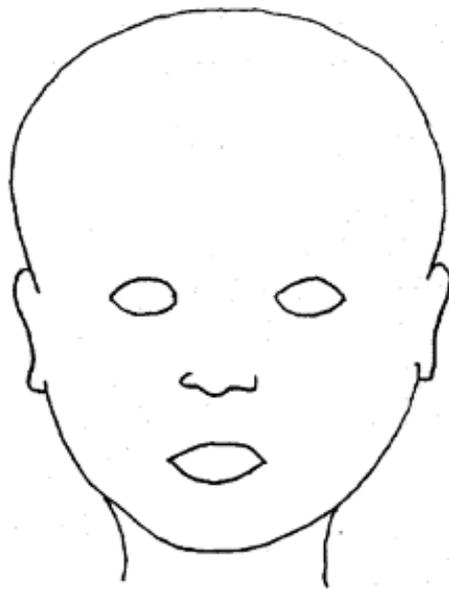
30 APPENDICES

APPENDIX 1: SIGNS AND INDICATORS

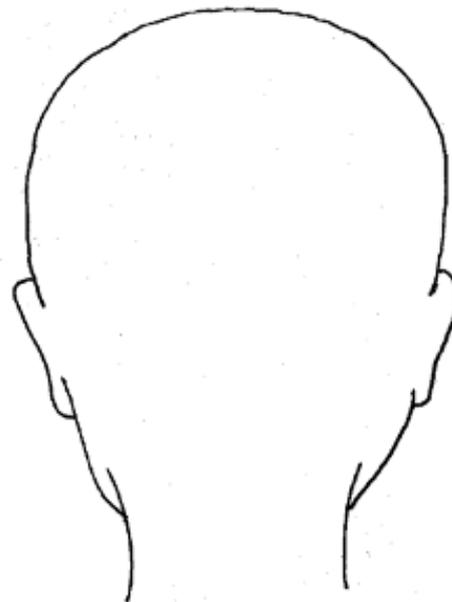
33 APPENDIX 2: NORWICH CITY DISCLOSURE OR ALLEGATION FLOWCHART

34 APPENDIX 3: ALLEGATION/ INFORMATION REPORTING FORMS AND BODYMAPS

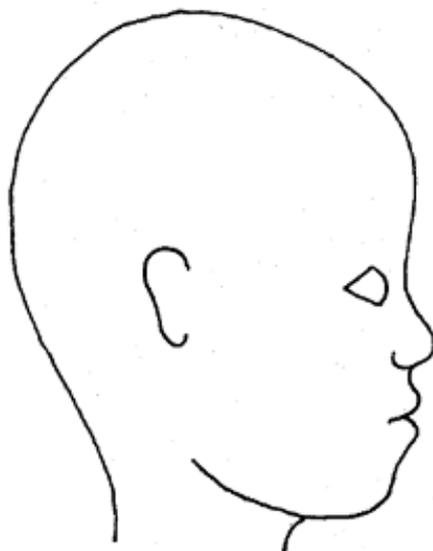
Name of subject:	Date and time of observation:
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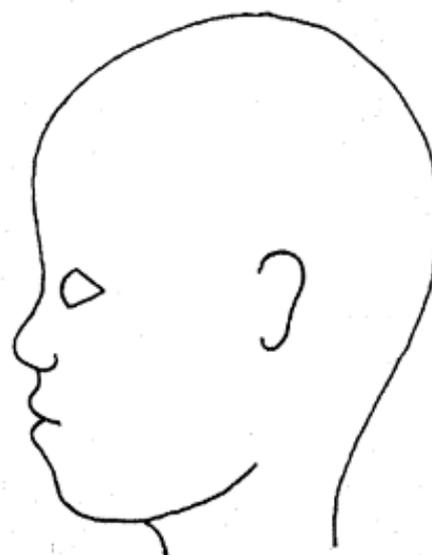
FRONT



BACK



RIGHT



LEFT

APPENDICES

Name of subject:	Date and time of observation:



RIGHT



LEFT



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- 4 INTRODUCTION**
- 5 SCOPE OF APPLICATION**
- PURPOSE**
- 6 DEFINITIONS**
- 7 LEADERSHIP & GOVERNANCE**
- OUR SAFEGUARDING FRAMEWORK
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- ACCOUNTABILITY
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