



## **Hull and East Yorkshire PFC**

### **Safeguarding Vulnerable Groups (Guidance for Safeguarding Officers)**

#### **Part One: Safeguarding Children and Child Protection Procedures**

#### **Part Two: Safeguarding Adults and Adult Protection Procedures**

The safety of Children and Vulnerable Adults is of paramount importance to **Hull and East Yorkshire PFC** and we shall continue to do our utmost to help Safeguard Children and Vulnerable Adults in our care.

The person with lead responsibility for safeguarding within the organisation is:

**Julie Sherman, Club Secretary:** [julie.sherman@eastridingcollege.ac.uk](mailto:julie.sherman@eastridingcollege.ac.uk)

## **Part One**

# **Hull and East Yorkshire PFC Safeguarding Children Policy And Child Protection Procedures**

**These procedures should be read in conjunction with the Hull Safeguarding  
Children Board Guidelines and Procedures**

This child protection policy was written: January 2013

Review date: August 2021

Next Review August 2022

### **Hull Children's Social Care**

### **East Riding Children's Social Care**

**Access & assessment Team - 01482 448879 Early Help & Safeguarding 01482 395500**

**Emergency Duty Team - 01482 300304 Emergency Duty Team 01377 241273**

**Police - 101**

All Safeguarding Officers are made aware of this policy and all staff and volunteers are made aware of the process for reporting concerns through staff induction, training and Safeguarding Newsletters. Safeguarding Policies and Procedures are available on request

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**Hull and East Yorkshire PFC endorses the following:**

**Affiliated football's safeguarding children policy statement**

***Every child or young person, defined as any person under the age of 18, who plays or participates in football should be able to take part in an enjoyable and safe environment and be protected from abuse. This is the responsibility of everyone involved in football. Football recognises its responsibility to safeguard the welfare of all children and young people by seeking to protect them from physical, sexual or emotional harm and from neglect or bullying.***

***Affiliated football is therefore committed to working to provide a safe environment for all children and young people to participate in the sport to the best of their abilities, whether involved in grassroots or professional football.***

1. Safeguarding and promoting the welfare of children Defined for the purposes of this guidance as:

- protecting children from maltreatment;
- preventing impairment of children's health or development;
- ensuring that children are growing up in circumstances consistent with the provision of safe and effective care; and
- taking action to enable all children to have the best life chances.

2. Child protection

Part of safeguarding and promoting welfare. This refers to the activity that is undertaken to protect specific children who are suffering, or are likely to suffer, significant harm.

3. Children

Anyone who has not yet reached their 18th birthday. The fact that a child has reached 16 years of age, is living independently or is in further education, is a member of the armed forces, is in hospital or in custody in the secure estate, does not change his/her status or entitlements to services or protection.

Professionals should, in particular, be alert to the potential need for early help for a child who:

- is disabled and has specific additional needs (including the needs of parents/carers)
- has special educational needs
- is a young carer (including the need for an assessment of their support needs and appropriateness of their role)
- is showing signs of engaging in anti-social or criminal behaviour (including children/young people who may be at risk of **radicalisation** )
- is in family circumstances presenting challenges for the child, such as substance abuse, adult mental health problems and domestic violence
- has returned home to their family from care and/or
- is showing early signs of abuse and/or neglect

4. Definitions of harm

#### **Abuse**

A form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by others (e.g. via the internet). They may be abused by an adult or adults, or another child or children.

#### **Physical abuse**

A form of abuse which may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.

### **Emotional abuse**

The persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

### **Sexual abuse**

Involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

### **Neglect**

The persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Once a child is born, neglect may involve a parent or carer failing to: provide adequate food, clothing and shelter (including exclusion from home or abandonment); protect a child from physical and emotional harm or danger; ensure adequate supervision; or ensure access to appropriate medical care or treatment.

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

### **Bullying**

This can be defined as deliberate hurtful behaviour, usually repeated over a period of time, where it is difficult for those bullied to defend themselves. It can take many forms but the main types are:

- **Physical** e.g. hitting, kicking, theft
- **Verbal** e.g. racist or homophobic remarks, threats, name-calling

- **Emotional** e.g. isolating an individual from activities and social acceptance of their peer group
- **Cyber** - increasingly information technology i.e. mobile phones, chat rooms and social media sites have been used to bully and intimidate children and young people

**The damage inflicted by bullying can be underestimated. It can cause considerable distress, to the extent that it can affect health and development and at the extreme end, lead to significant harm including suicide.**

- **Hazing** - Hazing is the practice of rituals and other activities involving harassment, abuse or humiliation used as a way of initiating a person into a group e.g. gangs, sports teams, schools, military units etc

### **Young carers**

Children and young people under 18 who provide or intend to provide care assistance or support to another family member are called young carers. They carry out on a regular basis, significant or substantial caring tasks and assume a level of responsibility, which would usually be associated with an adult. The person receiving care is often a parent but can be a sibling, grandparent or other relative who is disabled, has some chronic illness, mental health problem or other condition connected with a need for care support or supervision. Young carers can be particularly vulnerable.

***If a Local Authority considers that a young carer may have support needs they must carry out an assessment. Such assessment must consider whether it is appropriate or excessive for the young carer to provide care for the person in question, in light of the young carer's needs and wishes.***

### **Disabled Children**

Research tells us that disabled children are more vulnerable to abuse than non-disabled children for the following reasons:

- Many disabled children are at an increased likelihood of being socially isolated with fewer outside contacts than non-disabled children
- Their dependency on parents and carers for practical assistance in daily living, including intimate personal care, increases their risk of exposure to abusive behaviour
- They have an impaired capacity to resist/avoid abuse
- They may have speech, language and communication needs which may make it difficult to tell others what is happening
- They often do not have access to someone they can trust to disclose that they have been abused
- They are especially vulnerable to bullying and intimidation

**Staff and volunteers must be aware that the belief that disabled children are not abused or that minimise the impact of abuse, may lead to the denial of, or failure to report abuse and neglect.**

**Disabled children at risk or who have experienced abuse should be treated with the same degree of concern as accorded to non-disabled children.**

**Concerns regarding disabled children MUST be reported to the Safeguarding Manager.**

**N.B if a Local Authority considers that a parent/carer of a disabled child has support needs they must carry out an assessment.**

## 5. Recognition of harm

The harm or possible harm of a child may come to your attention in a number of possible ways

- **Information given by the child**, his/ her friends, a family member or close associate.
- **The child's behaviour** may become different from the usual, be significantly different from the behaviour of their peers, be bizarre or unusual or may involve 'acting out' a harmful situation in play.
- **An injury** which arouses suspicion because;
  - It does not make sense when compared with the explanation given.
    - The explanations differ depending on who is giving them (e.g., differing explanations from the parent / carer and child).
    - The child appears anxious and evasive when asked about the injury
- **Suspicion being raised** when a number of factors occur over time, for example, the child fails to progress and thrive in contrast to his/her peers.
- **Contact with individuals who pose a 'risk to children'** ('Guidance on Offences Against Children', Home Office Circular 16/2005). This replaces the term 'Schedule One Offender' and relates to an individual that that has been identified as presenting a risk or potential risk of harm to children. This can be someone who has been convicted of an offence listed in Schedule One of the Children and Young Person's Act 1933 (Sexual Offences Act 2003), or someone who has been identified as continuing to present a risk to children.
- **The parent's behaviour** before the birth of a child may indicate the likelihood of significant harm to an unborn child, for example substance misuse, or, previous children removed from their carers.
- **Substance Misuse** – the potential for a child to be harmed as a result of the excessive use of alcohol, illegal and controlled drugs, solvents or related substances. This does not

of itself indicate child neglect or abuse but it is important to assess how parental substance use impacts on children and young people in the family.

- **Mental Health** – Mental Illness in a parent or carer does not necessarily have an adverse affect on a child or young person. However where mental illness is accompanied by problem alcohol use, domestic violence or associated with poverty and social isolation, children are particularly vulnerable.
- **Domestic Violence** – Children and young people can suffer directly and indirectly if they live in a house where there is domestic violence. It can pose a threat to their physical and emotional well being. They can get caught up in the physical violence. The abuse suffered by adults experiencing domestic violence may impact negatively on their capacity to care for their children

***This is not an exhaustive list and it must be recognised that it is not the role of staff / volunteers to make an assessment of whether children or young people have suffered harm. Staff / volunteers / safeguarding officers do have a duty to report any concerns about harm in accordance with this policy and within the Local Safeguarding Children Board, Guidelines and Procedures.***

#### 6. Acting on concerns

No Safeguarding Officer should assume that someone else will pass on information which they think may be critical to keeping a child safe. If a Safeguarding Officer has concerns about a child's welfare and believes they are suffering or likely to suffer harm, then they should share the information with the club **Safeguarding Members** who will liaise with local authority children's social care (Working Together 2015). (For more information about information sharing and effective communication see Appendices 1 and 2.)



## Child Protection Procedures

### Seeking Medical Attention

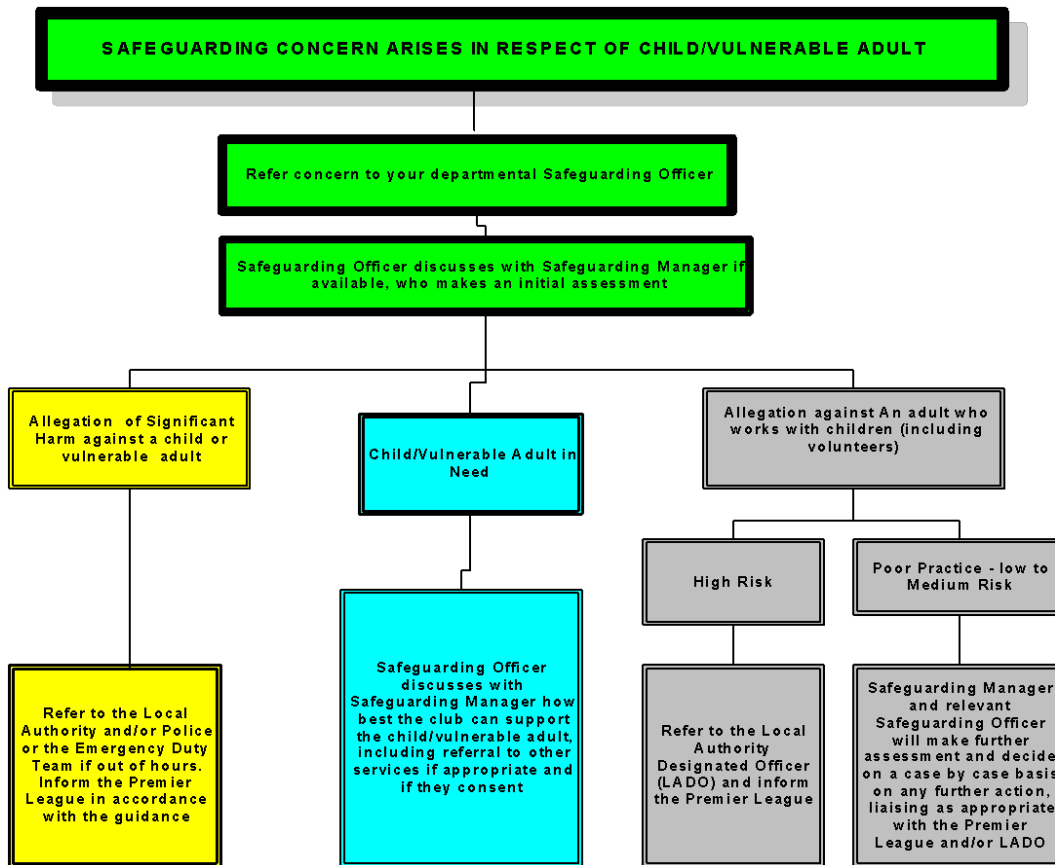
A child has a physical injury and there are concerns about abuse;  
If Emergency medical attention is required then this should be sought immediately by phoning for an ambulance. You should then follow the procedures for referring a child protection concern to Local Authority Children's Social Care.

### Managing a disclosure

- Listen to what the child has to say with an open mind.
- Do not ask probing or leading questions designed to get the child to reveal more.
- Never stop a child who is freely recalling significant events.
- Make note of the discussion, taking care to record the timing, setting and people present, as well as what was said.
- Do not ask children to write a statement.
- Never promise the child that what they have told you can be kept secret. Explain that you have responsibility to report what the child has said to someone else.
- The Safeguarding Officer within your organisation must be informed immediately. The Safeguarding Officer will contact the Safeguarding Manager

### 7. Referring concerns about a child

The **Safeguarding Members** will act on behalf of the **Hull and East Yorkshire PFC** in referring concerns or allegations of harm to the **Local Authority Access and Assessment Team, the Police Public Protection Unit and as necessary; the FA/Premier League.**



If the **Safeguarding Members** are not available, then the **named Safeguarding Officer** for that area of activity should take responsibility.

If the **Safeguarding Officer** is in any doubt about making a referral, advice can be sought from the **Local Authority Access and Assessment Team**. The name of the child and family should be kept confidential at this stage and will be requested if the enquiry proceeds to a referral.

It is not the role of the **Safeguarding Officer** to undertake an investigation into the concerns or allegation of harm. It is the role of the **Safeguarding Officer** to collate and clarify details of the concern or allegation and to provide this information to the **Local Authority Access and Assessment Team**, or **Locality Team** if **Children’s Social Care** is already involved, whose duty it is to make enquiries in accordance with **Section 47 of the Children Act 1989**.

### Consent

Safeguarding Officers should seek to discuss any concerns with the family (including the child where appropriate) and where possible seek their agreement to making referrals to the **Local Authority Access and Assessment Team**. This should **only** be done where such discussion and agreement seeking will **not** place the child at **an increased risk of significant harm**. It should be noted that parents, carers or a child may not agree to information being shared, but this

should not prevent referrals where child protection concerns persist. The reasons for dispensing with consent from the parents, carer or child should be clearly recorded and communicated with the **Local Authority Access and Assessment Team**.

In cases where an allegation has been made against a family member living in the same household as the child and it is your view that discussing the matter with the parent would place the child at risk of harm, or where discussing it may place a member of staff / volunteer at risk, consent does not have to be sought prior to the referral being made. Discussions and decisions about consent must be clearly recorded.

#### **Preparing to Discuss Concerns about a Child with Children's Social Care** Try to

sort out in your mind why you are worried, is it based on:

- What you have seen;
- What you have heard from others;
- What has been said to you directly?

#### **Try to be as clear as you can about why you are worried and what you need to do next:**

- This is what I have done;
- What more do I need to do?
- Are there any other children in the family?
- Is the child in immediate danger?

#### **In the conversation that takes place the duty Social Worker will seek to clarify:**

- The nature of the concerns;
- How and why they have arisen;
- What appear to be the needs of the child and family; and
- What involvement they are having or have had with the child and / or family.

#### **Questions Children's Social Care may ask at Initial Contact**

- Agency (i.e. school, etc) address and contact details of referrer;
- Has consent to make the referral been gained? Information regarding parents' knowledge and views on the referral;
- Where consent has not been sought to make a referral you will be asked to explain what informed your decision making;

- Full names, dates of birth and gender of children;
- Family address and, where relevant, school/nursery attended;
- Previous addresses;
- Identity of those with **Parental Responsibility** ;
- Names and dates of birth of all members of the household;
- Ethnicity, first language and religion of children and parents;
- Any special needs of the children or of the parents and carers;
- Any significant recent or past events;
- Cause for concern including details of allegations, their sources, timing and location;
- The child's current location and emotional and physical condition;
- Whether the child needs immediate protection;
- Details of any alleged perpetrator (name, date of birth, address, contact with other children);
- Referrer's relationship with and knowledge of the child and his or her family;
- Known involvement of other agencies;
- Details of any significant others;
- Gain consent for further information sharing / seeking;
- The referrer should be asked specifically if they hold any information about difficulties being experienced by the family/household due to domestic violence, mental illness, substance misuse and/or learning difficulties.

### **Expectation of feedback**

Children's Social Care should acknowledge **a written referral within one working day** of receiving it. If the referrer has not received an acknowledgement within **3 working days**, they should contact Children's Social Care again.

### **8. Allegations against staff members / volunteers**

If any member of staff or volunteer has concerns about the behaviour or conduct of another individual working within the group or organisation including:

- Behaving in a way that has harmed, or may have harmed a child;
- Possibly committed a criminal offence against, or related to, a child or

- Behaved towards a child or children in a way that indicates s/he is unsuitable to work with children,

the nature of the allegation or concern should be reported to the **Safeguarding Members** for dealing with allegations within the organisation **immediately**.

The member of staff who has a concern or to whom an allegation or concern is reported should not question the child or investigate the matter further.

The **Safeguarding Officer** for the **Hull and East Yorkshire PFC** will report the matter to the **Local**

**Authority Designated Officer (LADO) and liaise with the Premier League as appropriate**

#### 9. Recruitment and selection

It is important when recruiting paid staff and volunteers to adhere to the **Hull and East Yorkshire PFC** policies. This will ensure potential staff and volunteers are screened for their suitability to work with children and young people.

The Disclosure and Barring Service (DBS) can help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups, including children. It replaces the Criminal Records Bureau (CRB) and Independent Safeguarding Authority (ISA).

<https://www.gov.uk/government/organisations/disclosure-and-barring-service/about>

Decisions as to the level of Criminal Record check that will be required; will follow the Premier League's Disclosure and Eligibility Guidance 2015.

A person who is barred from working with children or vulnerable adults will be breaking the law if they work or volunteer, or try to work or volunteer with those groups. If **Hull and East Yorkshire PFC** knowingly employs someone who is barred to work with those groups they will also be breaking the law. If there is an incident where a member of staff or volunteer has to be dismissed because they have harmed a child or vulnerable adult, or would have been if they had not left, **Hull and East Yorkshire PFC** will notify the DBS.

The **Safeguarding Officers** will meet with all new members of staff in order to ensure that they are familiar with **Hull and East Yorkshire PFC Safeguarding Children and Adults Policies** and that they are aware of the lines of reporting and accountability for Safeguarding within the organisation

#### 10. Contacts

##### Hull

##### Children's Social Care (Local Authority)

Access and Assessment

(01482) 448879

Immediate Help (Out of hours)

(01482) 788080

West Locality	(01482) 225771
East Locality	(01482) 701936
North Locality	(01482) 825107
<u>Local Authority Designated Officer</u>	(01482) 790933
<u>Police Public Protection Unit</u>	101
<u>Hull Safeguarding Children Board</u>	(01482) 379090
<a href="http://www.hullsafeguardingchildren.org">www.hullsafeguardingchildren.org</a>	

#### East Riding of Yorkshire

##### Children's Social Care (Local Authority)

The Golden number	(01482) 395500
Children's Services	(01482) 396840
Emergency Duty Team	(01482) 880826
<u>East Riding Safeguarding Children Board</u>	(01482)396998/9
<u>Local Authority Designated Officer</u>	(01482) 396999
<u>Police Public Protection Team</u> Appendix 1	101

#### **Seven Golden rules of information sharing**

***'Information Sharing: Advice for practitioners providing safeguarding services to children, young people, parents and carers ' (2015)*** is aimed at supporting good practice in information sharing by offering clarity on when and how information can be shared legally and professionally in order to achieve improved outcomes. It can be especially useful in supporting early intervention and preventative work where decisions about information sharing may be less clear than in safeguarding or child protection situations. Below are the 7 golden rules of information sharing that this guidance recommends.

1. Remember that the Data Protection Act 1998/GDPR 2018 and human rights law is not a barrier to sharing information but provides a framework to ensure that personal information about living persons is shared appropriately.
2. Be open and honest with the individual (and/or their family 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.
3. Seek advice from other practitioners if you are in any doubt about sharing, without disclosing the identity of the person where possible.
4. Share with informed 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 judgement, there is good reason to do so, such as where safety may be a risk. You will need to base your judgement on the facts of the case. When you are sharing, or requesting personal information from someone, be certain of the basis upon which you are doing so. Where you have consent, be mindful that an individual might not expect information to be shared.

5. 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.
6. Necessary, proportionate, relevant, adequate, 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.
7. Keep a record of your decision and the reason 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.

## **Appendix 2 - Considerations when Contacting another Agency/Service**

### **1) Effective Communication between Agencies**

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Effective communication requires a culture of listening to and engaging in, dialogue within and across agencies. It is essential that all communication is as accurate and complete as possible and clearly recorded.

Accuracy is key, for without it effective decisions cannot be made and equally, inaccurate accounts can lead to children remaining unsafe, or to the possibility of wrongful actions being taken that effect children and adu

Before contacting another agency, think about why you are doing it, is it to:

- **Share Information**

To share information is the term used to describe the situation where practitioners use their professional judgement and experience on a case by case basis to decide whether and what personal information to share with other practitioners in order to meet the needs of a child or young person (CWDC 2009)

- **Signpost to Another Service**

The definition to signpost is to indicate direction towards. It is an informal process whereby a professional or a family is shown in the direction of a service.

If someone is signposted to a service it is because accessing the service may enhance the family's quality of life, but there would be no increased risk to the child or young person should the service not be accessed.

No agency is responsible for the monitoring or recording of signposting.

- **Get Advice and Guidance**

Seeking advice and guidance at any time, making a general query or perhaps consulting with a specialist colleague within your own organisation (or from another agency) may enhance the work that you are doing with a child, young person or family at any stage. It could be that you want further information about services available or that you want some specialist advice or perhaps need to consult about a particular issue or query for instance to ask if making a referral is appropriate.

The name of the child and family should be anonymised at this stage unless agreement to share the information has already been obtained.

It is vital that you record that you have sought information and advice in your own records. The agency you are contacting may not record this information, particularly if the case is not open or active with them. It should be agreed between agencies in this situation as to who records what information.

- **Facilitate Access to a Service**

If you think that a family may benefit from a service then directing, signposting or facilitating is appropriate. For example, a family approaches your service and asks for some advice about leisure activities in the local area. You give them the information and directions to the nearest open access leisure centre.

- **Refer a Child or Family**

If you think that by not accessing a particular service, a child's situation could deteriorate then a referral is appropriate. However, a referral is only the start of the process. You as the referrer have a responsibility to monitor that the service has been taken up and the child's situation has improved.

Sometimes you may need to draw on other support services, for example when an intervention has not achieved the desired outcomes and the child/young person requires more specialist or sustained support.

A specific gap in services to meet a need or any level of concern warrants follow up and monitoring to ensure there is no risk to children.



At the end of the conversation both parties must be clear about the outcome and the next course of action.

## **2) Professional Differences**

Where there are any professional differences about a particular decision, course of action or lack of action you should consult with the **Hull and East Yorkshire PFC Safeguarding Officers**.

## **3) Recording**

Well kept records about work with a child and his or her family provide an essential underpinning to good professional practice. Safeguarding and promoting the welfare of children requires information to be brought together from a number of sources and careful professional judgements to be made on the basis of this information. These records should be clear, accessible and comprehensive, with judgements made and decisions and interventions carefully recorded. Where decisions have been taken jointly across agencies, or endorsed by a manager, this should be made clear. (***Working Together 2015***)

You should record your decision and the reasons for it, whether or not you decide to share information. If the decision is to share, you should record what information was shared and with whom.

You should work within your agency's arrangements for recording information and within any local information sharing procedures in place. These arrangements and procedures must be in accordance with the Data Protection Act 1998.

## Part Two

### Safeguarding Vulnerable Adults

#### SAFEGUARDING VULNERABLE ADULTS POLICY

**Hull and East Yorkshire PFC** accepts its responsibility for the safety and well being of Vulnerable Adults who visit in any capacity.

The protection of Vulnerable Adults is the concern of everyone in a position to help.

All staff who are involved will be made aware of how to recognise abuse and make appropriate referrals to the designated person.

Experience confirms the importance of apparently small matters needing to be taken seriously. Listened to, and where necessary, addressed.

A recurring pattern of small complaints could indicate a deep-seated problem which needs to be tackled. All staff involved with Vulnerable Adults should take complaints very seriously and report them to the Safeguarding Officer for their department.

All staff members have direct access to Safeguarding Officers and complaints should always be acknowledged and recorded.

**All staff and volunteers have a responsibility to ensure that this policy is strictly adhered to**

**Hull and East Yorkshire PFC** intend to ensure that: -

- All staff, full or part time and including volunteers, having access to, and working with, Vulnerable Adults have a Disclosure and Barring check.
- All staff must supply at least two references as part of the recruitment procedure. • All relevant staff receive appropriate training and guidance.

- All staff are instructed to report any concern/disclosure or any form of alleged abuse to a Safeguarding Officer.
- All staff and volunteers receive any support they may need.

## **POLICY PRINCIPLES**

**Hull and East Yorkshire PFC** policy, procedures and strategies are designed to protect vulnerable adults from abuse. These strategies will:

- Identify who is at risk.
- Define what is meant by abuse and identify the types of abuse that can occur.
- Promote staff/volunteer awareness of the common indicators associated with each type of abuse and ensure that at least one named officer undergoes specific training. • Specify the procedures to be followed in the event of alleged or suspected abuse.

## **Safeguarding Adults Procedures**

**Definitions of a Vulnerable Adult:** (Department of Health Guidance “No Secrets” March 2000)

- ***Someone who is aged 18 or over and who is or may be in need of community care services by reason of mental or other disability, age or illness and who is, or may be, unable to protect himself/herself from significant harm or exploitation.***
- **Hull and East Yorkshire PFC** also apply this policy to those not receiving community care services but that are considered to be vulnerable to abuse.

**Definitions of Abuse:**

- Abuse is a violation of an individual’s human and civil rights by any other person or persons. For vulnerable adults, this will focus upon others who have influence over them.

**These violations may be intentional or unintentional. These violations may be a single act or a repetition of acts over a period of time.**

**Definition of significant harm:**

Ill treatment, including sexual abuse and forms of ill treatment that are not physical, the impairment of, or an avoidable deterioration in, physical or mental health and the impairment of physical, emotional, social or behavioural development.

**Categories of Abuse:**

For the purpose of this Policy, abuse is classified into the following categories:

- **Physical** – can include hitting, slapping, pushing, kicking, and misuse of medication, restraint or inappropriate sanctions
- **Sexual** – can include rape, sexual assault, sexual acts to which the person has not consented, could not consent to or was pressured into consenting to.
- **Psychological or emotional** – includes threats of harm or abandonment, deprivation or contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks.

- **Financial/Material** – can include theft, fraud, exploitation, pressure in connection with wills, property or inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.
- **Neglect/Acts of Omission** – includes ignoring medical or physical care needs, failure to provide access to appropriate health, social or educational services, the withholding of the necessities of life such as medication, adequate nutrition or heating.
- **Discrimination** – includes racism, sexism, abuse based on a person’s disability and other forms of harassment, slurs or similar treatment.
- **Bullying** – name calling, belittling, hitting, kicking, verbal abuse e.g. Racist remarks, isolating and taunting.

### **Symptoms/Indicators of Abuse:**

Staff/Volunteers will receive appropriate training/policies in the detection of abuse through symptoms, indicators and behaviour. These indicators are summarised as follows:

#### **Physical Abuse:**

- unexplained bruising
- history of unexplained falls or minor injuries
- slap, kick, pinch or finger marks
- unexplained burns and scalds in unusual locations or of an unusual type
- injury mark similar to an object
- untreated medical problems
- weight loss / complaints of hunger
- dehydration
- nervous/fearful watchfulness; fear of physical contact

#### **Sexual Abuse:**

- Pain, itching, bruising or bleeding in the genital area
- stained/blood stained underclothes
- bruises to the thighs and upper arms
- change in usual behaviour for no apparent or obvious reason
- discomfort when sitting or walking
- sexually transmitted diseases
- frequent infections
- upset or agitation when being bathed, dressed, undressed or medically examined
- pregnancy when unable to consent

#### **Psychological / Emotional Abuse:**

- excessive fears
- tearfulness
- ambivalence about carer
- fearful of the carer / avoiding eye contact or flinching on approach
- unusual weight gain or loss / changes in appetite
- low self esteem
- insomnia or need for excessive sleep
- emotional withdrawal
- high levels of anxiety, agitation or paranoia

**Discrimination:**

Slurs and offensive remarks regarding ethnic origin, religion, culture, gender, sexual orientation, disability or age discriminatory practices in service delivery

Reporting such matters to agencies outside **Hull and East Yorkshire PFC** will take into account the balance which needs to be maintained for the confidentiality of the vulnerable person's affairs, the vulnerable person's capacity to consent to the matter being taken further and the duty of care to report suspected abuse.

The Vulnerable Adult Services Officer will assess the allegations/suspensions, and in some cases seek advice from the Hull Safeguarding Adult Partnership Board before deciding on the appropriate action to be taken.

If the incident is not considered to fit the criteria of abuse; the Safeguarding Manager can deal with the situation directly.

In all cases, the Safeguarding Manager is responsible for maintaining complete records of the allegations made, including dates, times and persons involved and actions taken. This action may be of two types:

**Corrective action** – action to be taken against alleged or confirmed perpetrators (as set out in the disciplinary procedure) involved in incidents of abuse, and the discreet and sensitive handling of the abused person.

**Preventive action** – strategies to be implemented with the objective of halting further abuse and/or, limiting the opportunities for potentially abusive practices.

**STAFF AND VOLUNTEERS RESPONSIBILITIES**

1. Ensure the participants know how to get help, how to report abuse, who to report it to and what the likely outcome/response will be.
2. Create the opportunity for the Vulnerable Adult to disclose abuse.
3. Designate a named person for each group/activity and make sure they are introduced to the participants.
4. Give reassurance when abuse has been reported that it was the right thing to do.
5. Respect the participant's wishes on how the concern is reported but do not guarantee you are able to keep the information to yourself.

**NB: It is important to be aware the person being abused may not be aware it is abuse. Also they may decide to disclose the abuse a long time after it happened. It is always important to show you are taking seriously what they are saying.**

**SAFEGUARDING OFFICER'S RESPONSIBILITIES**

As well as the staff and volunteer's responsibilities listed above the following is the responsibility of the VASO:

- Manage and support the staff involved in an incident

- Ensure effective action is taken to protect the Vulnerable Adult
- Offer emotional and practical support where needed
- Ensure the correct procedure for reporting an incident is followed
- If the allegation is against a member of staff or a volunteer liaise with the committee to ensure the correct suspension procedure is followed
- Refer to the flow chart for reporting abuse to ensure the correct procedure is followed

### **HOW TO HANDLE A DISCLOSURE**

- Stay calm and do not appear to be shocked
  - Listen carefully and try to remember as much details as you can
  - Offer reassurance that they have done the right thing by telling you
  - Preserve any evidence were possible
  - Be aware that in certain circumstances medical evidence may be needed
  - Inform the VASO or a Safeguarding Officer at the Club in the first instance (with their permission)
  - Write down as much information as you can as soon as is reasonably possible
  - If the person is injured or in danger take immediate action e.g., dial 999 for the police or ambulance
  - Only involve those who need to know
  - Complete an incident sheet (example at the back of this policy)
  - If it is a non-emergency situation discuss the person's wishes and establish who they would like you to contact. Do not rush them into making a decision **In the Event of Physical Abuse or Sexual Assault:**
- Only agree to be shown an injury if they consent and it is appropriate
  - Keep disturbance of the injury to a minimum e.g., do not clean wounds, touch weapons etc.
  - Keep the abused person and yourself safe until help arrives
  - Even if the abused person asks for the police not to be involved preserve any evidence you think may help should they change their mind later
  - Ensure that no-one has physical contact with the abused person to avoid crosscontamination
  - Contact the Safeguarding Manager, Safeguarding Officer, or a colleague if you need help or support

**SAFEGUARDING FLOWCHART**

