



Safeguarding Adults at Risk Policy

Version:
1.1

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Approved by:
Justin Quick



Exeter City AFC Ltd Policy

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1. AMENDMENT TO STATUS RECORD

Version	Description of Amendment	Authorised by	Date
Issue 1	Policy produced.	The Policy Group	June 21
Issue 1.1	Update contacts & references	Justin Quick	January 2022



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2. OVERVIEW

- 2.1 Exeter City Football Club seeks to ensure the safety, safeguarding and wellbeing of all children, young people and adults at risk who engage in its activities.
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- 2.4 The Child Safeguarding Policy should be read in relation to all other company policies; however, it specifically relates to all Safeguarding Policies, Anti Bullying & Harassment Policy and our Code of Conduct. It also relates to the Disciplinary Policy.
- 2.5 The Company values the diversity of its staff and is committed to promoting equal opportunities and eliminating discrimination, please see our Equality and Diversity Policy. All staff must apply and operate this policy fairly and in doing so ensure that there is no discrimination.
- 2.6 This policy must be followed and a failure to act in line with its provisions could result in disciplinary action being taken. This policy does not form part of your contract of employment, worker, volunteer or service agreement and can be amended at any time.

3. PERSONNEL RESPONSIBLE FOR THIS POLICY

- 3.1 Our board of directors has overall responsibility for the effective operation of this policy but has delegated day to day responsibility for overseeing its implementation to managers including any necessary training requirements.
- 3.2 All managers have a specific responsibility to operate within the boundaries of this policy to ensure that all staff understand the procedures they are required to follow and to take action when behaviour falls below requirements. Managers will be given training should they need it in order to comply with this policy and support their staff in adhering to policy.



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4. POLICY STATEMENT AND PRINCIPLES

- 4.1 The Company is committed to providing a safe and positive environment for everyone involved in its services and activities. The Company takes its moral and legal duty of care very seriously in relation to adults at risk. We seek to ensure the safety and wellbeing of all adults and to protect them from harm or abuse when they engage in any activities conducted by the Company.

5. ADULT PROTECTION STATEMENT

- 5.1 We recognise our moral and legal responsibility to safeguard and promote the welfare of all adults. We endeavour to provide a safe and welcoming environment where everyone is respected and valued. We are alert to the signs of abuse and neglect and follow our procedures to ensure that adults at risk receive effective support, protection and justice. We will be focused on making safeguarding personal and take a coordinated approach to safeguarding. We recognise safeguarding and promoting the welfare of adults at risk is everyone's responsibility.
- 5.2 This statement also extends into Modern Slavery in relation to adults at risk. This takes many forms including forced and compulsory labour, slavery, servitude and human trafficking. It is the violation of human rights and the Company has a zero-tolerance approach to Modern Slavery. We will take any concerns in this area seriously.

6. EXETER CITY FOOTBALL CLUB POLICY PRINCIPLES

- 6.1 Our policy is based on the following principles:
- Recognise the welfare and interests of adults at risk are paramount in all circumstances.
 - Aim to ensure that regardless of age, ability or disability, gender reassignment or gender identity, race, religion or belief, sex, sexual orientation or socio-economic background, adults at risk have a right to equal protection from all types of harm or abuse.
 - It is not the responsibility of the Company to decide whether or not abuse has taken place, however, it is the responsibility of staff, to act if there is cause for concern, in order that the appropriate agencies can investigate and take any protective action as necessary.



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There are also six principles¹ that underpin adult safeguarding and apply to all sectors and settings. These principles should inform the ways in which staff engage with adults at risk of abuse, harm or neglect.

- Empowerment – Personalisation and the presumption of person-led decisions and informed consent.

“I am asked what I want as the outcomes from the safeguarding process and these directly inform what happens.”

- Prevention – It is better to act before harm occurs.

“I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help.”

- Proportionality – Proportionate and least intrusive response appropriate to the risk presented.

“I am sure that people will work for my best interests, as I see them, and they will only get involved as much as needed.”

- Protection – Support and representation for those in greatest need.

“I get help and support to report abuse. I get help to take part in the safeguarding process to the extent to which I want and to which I am able.”

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

“I know that staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together to get the best result for me.”

- Accountability – Accountability and transparency in delivering safeguarding.

“I understand the role of everyone involved in my life.”



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7. AIMS

7.1 In relation to all its activities the Company will aim to:

- Protect adults at risk from abuse whilst participating in any activity we have organised,
- Promote and prioritise the safety and wellbeing of adults at risk,
- Create a culture in the organisation where adults at risk, carers, those who interact or engage with adults at risk and others who may have a concern are encouraged to report their concerns or any abuse that has happened to them,
- Ensure that all staff and volunteers are clear regarding their duties and responsibilities to safeguard adults and are provided with training to recognise, identify and respond to signs of abuse, neglect and other safeguarding concerns relating to adults at risk,
- Ensure appropriate action is taken in the event of incidents/concerns of abuse,
- Ensure support provided to the individual/s who raise or disclose abuse or concern about abuse,
- Ensure that confidential, detailed and accurate records of all safeguarding concerns are maintained and securely stored,
- Prevent the employment/deployment of unsuitable individuals,
- Ensure robust safeguarding arrangements and procedures are in operation,
- Make sure our safeguarding procedures are widely promoted and are followed by all staff and volunteers. Failure to comply with our policy and procedures will be addressed without delay and may ultimately result in employment sanctions,
- Reinforce the importance of working with all partner agencies with the aim of achieving the best possible outcomes for those who we are aiming to protect from risk of abuse,
- Provide the details about the action that will be taken by the Company when a safeguarding concern is reported,
- Ensure there is a safeguarding governance structure in place with assigned roles and responsibilities including the identification of Designated Safeguarding Leads (and Deputies) And the appointment of a Director responsible for the strategic oversight of Safeguarding.
- Ensure that safeguarding runs as a thread throughout all our activities, both at strategic and operational levels of the Company.

8. APPLICATION

8.1 Our policy and procedures apply to **all** members of staff working for the Company.

8.2 In general, the Company operates at two main locations, the Cliff Hill Training Ground and the Premises at St James Park. Our policy and procedures cover those specific locations and any others where company activities may be taking



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place, for example travel to and from other venues where matches or training are taking place.

- 8.3 The procedures contained in this policy apply to all staff, they are consistent with those of the Devon Children & Families Partnership
- 8.4 A copy this policy must be issued to all members of staff.
- 8.5 It is crucial the Designated Safeguard Leads (and the Deputies), promote this policy and ensure safeguarding is embedded into the culture of the Company.
- 8.6 Where the Company is working in partnership with other organisations, including those which are officially affiliated, it will expect these organisations to have their own safeguarding arrangements and policies in place. It is the duty of the Designated Safeguarding Lead (and Deputy) to ensure this is the case and a copy of the policy is recorded.

9. LEGISLATION AND GUIDANCE

- 9.1 The practices and procedures within this policy are based on the principles contained within the UK legislation and government guidance. They take the following into consideration:
- The Care Act 2014
 - The Protection of Freedoms Act 2012
 - Domestic Violence, Crime and Victims (Amendment) Act 2012
 - The Equality Act 2010
 - The Safeguarding Vulnerable Groups Act 2006
 - Mental Capacity Act 2005
 - Sexual Offences Act 2003
 - The Human Rights Act 1998
 - The Data Protection Act 2018

10. DEFINITIONS & TERMINOLOGY

The following definitions and terminology are referred to in this policy and procedure.

Adult

An individual who is eighteen years of age or over.

Adult at risk:

An adult who:



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has needs for care and support (whether or not the local authority is meeting any of those needs),

is experiencing, or is at risk of, abuse or neglect, and

as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it.

Whilst not an exhaustive list, an adult who may be at risk of harm or abuse may include:

- An older person,
- A person with a physical disability, a learning difficulty or a sensory impairment,
- Someone with mental health needs, including dementia or a personality disorder,
- A person with a long-term health condition,
- Someone who misuses substances or alcohol to the extent that it affects their ability to manage day to day living. In such cases the capacity of an individual to make informed decisions (due to mental capacity-see below) may alter on a regular basis,
- People with care and support needs are not inherently vulnerable, but they may come to be at risk of abuse or neglect at any point due to:
 - Physical or mental ill-health,
 - Becoming disabled,
 - Getting older,
 - Not having support networks, appropriate accommodation or financial stability,
 - Being socially isolated.

In the context of Safeguarding Adults, the vulnerability of the adult at risk is related to how able they are to make and exercise their own informed choices free from duress, pressure or undue influence of any sort, and to protect themselves from abuse, neglect and exploitation.

In the context of this policy and procedure adult safeguarding means to work with an individual to protect their right to live in safety, free from abuse, harm and neglect. This can include both proactive and reactive interventions to support health and wellbeing with the engagement of the individual and their wider community. The aim is to enable the individual to live free from fear and harm and have their rights and choices respected.

Harm

The ill-treatment or impairment of the health or development of an individual, including impairment suffered from seeing or hearing the ill-treatment of another.



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Safeguarding concern

A safeguarding concern is:

Any situation when there is information that an adult at risk or child² has been harmed, or is at risk of being harmed, by their own or someone else's behaviour.

If the information identifies the involvement of an employee or volunteer of ECFC this will be known as a 'Safeguarding Allegation'. This will apply where a person in connection with their employment, membership or volunteering position with ECFC has:

- Behaved in a way that has harmed a child or adult at risk, or may have harmed a child or adult at risk,
- Possibly committed a criminal offence against or related to a child or adult at risk,
- Behaved towards a child or children or adult at risk in a way that indicates he or she may pose a risk of harm to children or adult at risk; or
- Behaved or may have behaved in a way that indicates they may not be suitable to work with children or adult at risk.

Poor practice

Sometimes concerns may relate to poor practice, where an adult's or a child or young person's behaviour is inappropriate and may be causing distress to an adult at risk. In the application of this policy, poor practice includes any behaviour which contravenes the principles of this document or ECFC Code of Conduct.

Where poor practice is serious or repeated this could also constitute abuse and should be reported immediately.

Mental Capacity

The Mental Capacity Act 2005 relates to people in England and Wales who are sixteen years or older. It protects people who are unable to make their own decisions (i.e., adults at risk). This is called "lacking capacity".

Deleted: ¶



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The Act tells people:

- What to do to help someone make their own decisions,
- How to reach a decision about whether someone can make their own decisions,
- What to do if someone cannot make decisions about something some of the time.

In order to comply with the Act there is a list of the five most important things staff **MUST** do and think about when dealing with adults at risk. These are:

- Start off by thinking that everyone can make their own decisions,
- Give the person all the support they can to help them make decisions,
- No-one should be stopped from making a decision just because someone else thinks it is a poor decision,
- Anytime someone does something or decides for someone who lacks capacity, it must be in the person's best interests – it's morally and ethically the right thing to do for them,
- When they do something or decide something for another person, they must try to limit the impact on the person's own freedom and rights as little as possible,

The response to safeguarding concerns must be personal to the individual, and those involved in the process should engage with the person in a conversation about how best to respond to their safeguarding situation.

11. ADULTS AT RISK SAFEGUARDING PROCEDURES

11.1 The aim of these procedures is to detail how ECFC should respond if:

- they suspect that an adult at risk is suffering abuse,
- an adult at risk makes a disclosure or reports that they, or someone else, has been abused,
- the behaviour of an adult or child towards an adult at risk gives them cause for concern,

The procedures also detail the action that will be taken by the Designated Safeguarding Lead when a safeguarding concern is reported.



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11.2 The Company definition of a safeguarding concern is:

Any situation when there is information that a child (please see Child Safeguarding Policy and Procedure) or an adult at risk has been harmed, or is at risk of being harmed, by their own or someone else's behaviour.

All staff and volunteers have a responsibility to be alert to the fact that vulnerable people are abused and they **MUST** report any safeguarding concerns of which they become aware.

By following the four simple safeguarding principles (see Table below) of Recognise, Respond, Report and Record, the Company can help keep those adults who may be at risk of abuse safe from harm.

RECOGNISE	That an adult at risk is being harmed or is at risk of harm or neglect.
RESPOND	Respond appropriately to what you are being told or what you see.
REPORT	Concerns that you have to your Designated Safeguarding Lead
RECORD	Be accurate and comprehensive.

12. RECOGNISE

12.1 Signs and indicators of abuse and neglect

The signs of adult abuse aren't always obvious, and an adult at risk may not realise that they are being abused, or simply might not tell anyone what's happening to them. The adult may lack the capacity to tell others, fail to realise that they are a victim of abuse or be frightened about the consequences of reporting an issue. They also may not have the confidence or communicative ability to report the abuse, or they may fear that they won't be believed. Remember abusers may exert considerable coercion and control over their victims and may even be described by the victim as a friend (mate crime).

Some of the signs of abuse and/or self-neglect of adults at risk can be found in Appendix B.



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12.2 Respond

A complaint, concern or allegation may come from a number of sources: the adult at risk, their carer, or someone else either within or outside of the Company. It may involve the behaviour of staff and those working on behalf of the Company.

A safeguarding concern may range from mild verbal bullying to sexual abuse. It can often be difficult to distinguish poor practice, whether intentional or accidental, from abuse. If you are concerned that an adult at risk may be being abused, it is **NOT** your responsibility to decide whether it is poor practice or abuse, or to investigate further, but it is your responsibility to act on your concerns.

If an adult at risk makes an allegation or you have concerns about the way that they are being treated, and they have the mental capacity to make their own decisions, the Designated Safeguarding Lead should obtain their consent before making a referral. No information should be given to the adult's family or their carers without their consent.

If you believe an adult at risk, or any other person, is suffering significant harm or neglect, or is at risk of suffering significant harm or neglect, or if you are in any doubt, you must report this information to the Designated Safeguarding Lead (or Deputy) without delay.

If the adult does not have capacity and is unable to give consent, a referral must be made by the Designated Safeguarding Lead. The Designated Safeguarding Lead will inform the adult and their family or carers, provided that they are involved in the individual's life and are not implicated in the allegation.

When an adult at risk tells you that they, or someone else, have experienced abuse then you **MUST** follow these guidelines when responding to them:

Do:

- Reassure them and tell them that you believe them,
- Allow them to speak freely and accept what they say,
- Where the individual has capacity, it is important to seek consent to share the information,
- Where the person fails to consent to information sharing and there is a risk of significant harm to them or others, or you are concerned about whether they have the mental capacity to make their own decisions about their capacity, tell them that you have to share the information, and that you can't keep it secret,
- Tell them what you are going to do and that they will be informed what is happening at every stage,
- Make careful notes, record dates, times, events and when you were told. Also note the person's demeanour at the time of disclosure,



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- Report the disclosure to the Designated Safeguarding Lead (or Deputy) at the earliest opportunity,
- Signpost the individual to support agencies and provide them with the contact number of the Designated Safeguarding Lead (or Deputy),
- Where a person has been the victim of a sexual assault then the police must be contacted immediately

Don't:

- Make promises that you can't keep,
- Make judgements or jump to conclusions, especially about the alleged abuser,
- Ask leading questions,
- Stop them from speaking freely,
- Ignore concerns,
- Leave the reporting to someone else (including the adult at risk),
- Discuss the matter with other members of staff,
- Investigate concerns.

Where you witness abuse or concerning behaviour, or you are told about it, then you **MUST** refer the matter to the Designated Safeguarding Lead as soon as possible. You should not worry about the consequences of reporting your concerns. If you are mistaken it is better to report your concern and enable a proper investigation/assessment to occur than not to report the matter at all. Safeguarding concerns are managed in confidence and the welfare of the adult concerned is paramount.

- 12.3 Gaining permission to share information with external organisations, Capacity, Decision Making, and Consent.

When the Designated Safeguarding Lead deals with a safeguarding concern, the decision-making process must include if the individual in question has given consent. This process varies from the response to consent or otherwise from a child.

Some safeguarding concerns or safeguarding allegations are clearly so serious that they require an immediate referral to the police/ Designated Officer Local Authority or [Care Direct](#). Other concerns or allegations that appear to meet the criteria may seem less serious, however, it is important that they are followed up and examined objectively by the external authorities who may hold other relevant information that is unknown to ECFC.

When considering this procedure, it is essential the consent of the adult at risk should always be sought at the earliest opportunity. In establishing consent, the issue should be discussed using appropriate terminology according to the understanding of the individual.



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It is not a prerequisite to obtain the signature of the adult at risk but how the consent was provided is paramount and it must be recorded in writing.

In order to make an informed decision the issue must be discussed fully with the person concerned. There may be a variety of reasons why an individual may not give their consent to share information. It is reasonable and just to afford an adult at risk appropriate support and advice regarding the provision of consent to share a safeguarding concern. This could include for example gentle persuasion if they have decided not to share information.

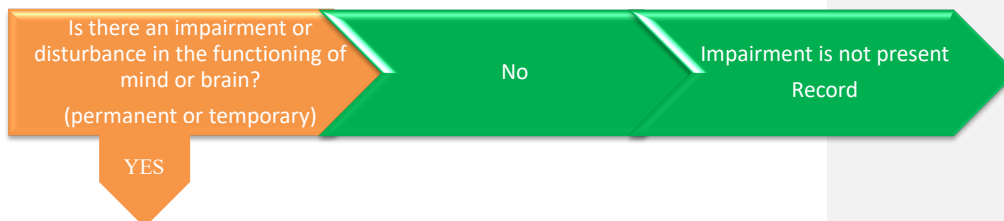
If a person refuses intervention to support them with a safeguarding concern, or requests information about them is not shared with other safeguarding partners, their wishes should be respected. The decision to override this should be carefully considered but there are circumstances where ECFC can override the adult's at-risk decision not to consent. They include:

- If the person lacks mental capacity to make the decision according to the Mental Capacity Act 2005

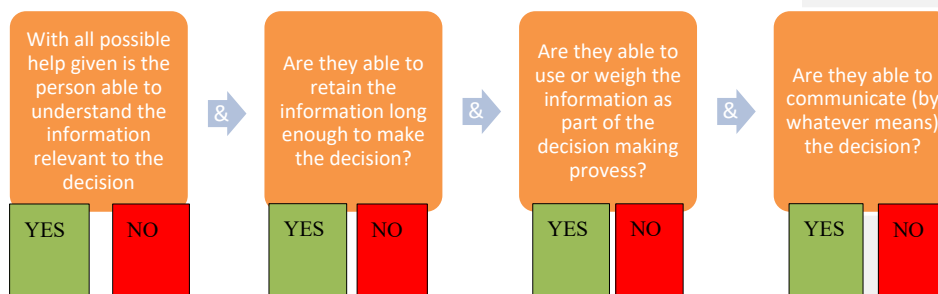
The following outlines the process to follow under this legislation,

12.4 Assessing Capacity (adapted from NHS Guidance)

Stage One



Stage Two





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Has Capacity

Lacks Capacity

If the answer to Stage One is **YES** and the answer to any of the Stage Two questions is **NO** then the person lacks capacity under the Mental Capacity Act.

If the person lacks capacity to give consent any decision must be made in their best interests.

You must,

- Involve the person who lacks capacity to the fullest extent possible
 - Have regard for past and present wishes and feelings
 - Consult with others who are involved in the person's care
 - Not be discriminatory
 - Choose or decide on the least restrictive option
 - Take into consideration the benefits and burdens to the person
- ii) Other people are, or maybe, at risk including adults or adults at risk.
- iii) Sharing information could prevent a crime
- iv) The alleged abuser has care and support needs and may also be at risk
- v) A serious crime has been committed
- vi) A member of staff is implicated
- vii) The person has the mental capacity to make that decision, but they may be under duress or being coerced
- viii) The risk is unreasonably high and meets the criteria for a multi-agency risk assessment conference referral
- ix) A court order or other legal authority has requested the information.

If none of (i) to (ix) apply and the decision is taken not to share information with other safeguarding partners, or not to intervene to safeguard the person the following should be taken into consideration,

- Support the person to weigh up the risks and benefits of different options
- Ensure they are aware of the level of risk and possible outcomes
- Offer to arrange for them to explore how to seek advocate or peer support
- Offer support for them to build confidence and self-esteem if necessary
- Agree on and record the level of risk the person is taking
- Record the reasons for not intervening or sharing information
- Regularly review the situation
- Try to build trust and use gentle persuasion to enable the person to better protect themselves.



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If it is necessary to share the information outside of ECFC without consent the following should take place:

- Explore the reasons for the persons objections
- Explain the concern and why it is thought to be important to share the information
- Tell the person who you intend to share the information with and why
- Explain the benefits, to them or others, of sharing information
- Discuss the consequences of not sharing the information
- Reassure them the information will not be shared with anyone who does not need to know
- Reassure them that they are not alone, and that support is available to them.

If the person cannot be persuaded to give their consent then, unless it is considered dangerous to do so, it should be explained to them that the information will be shared without consent. The reasons should be given and **recorded**.

If it is not clear that information should be shared outside the organisation, a conversation can be had with safeguarding partners in the police or local authority without disclosing the identity of the person in the first instance. They can then advise on whether full disclosure is necessary without the consent of the person concerned.

It is very important that the risk of sharing information is also considered. In some cases, such as domestic violence or hate crime, it is possible that sharing information could increase the risk to the individual. Safeguarding partners need to work jointly to provide advice, support and protection to the individual in order to minimise the possibility of worsening the relationship or triggering retribution from the abuser.

12.5 Report

Remember it is not the responsibility of a ECFC or anyone assisting in their activities with adults at risk, to decide if abuse is occurring, but it is their responsibility to act on any concerns by reporting them.

You must report concerns that you have to the Designated Safeguarding Lead (or Deputy).

The preferred process for this will be via the MyConcern system, **however this should not be seen as a barrier to reporting concerns on the telephone, in person or where appropriate, via email.** The Club Safeguarding email



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address is safeguarding@ecfc.co.uk Any member of staff or volunteer can contact the Designated Safeguarding Lead for advice, support or guidance.

If a member of staff or volunteer is working away from premises controlled by ECFC, for example in a school or within a Further Education College, in partnership with another organisation the Safeguarding Policy of that organisation should be followed. Concerns must also still be reported to the Designated Safeguarding Lead, they will in turn offer any assistance to the other organisation.

Safeguarding concerns **MUST** be reported immediately (or where this is not possible at the earliest opportunity) so that the report can be assessed, and action taken to protect the person involved. If any person is at immediate risk of harm or requires medical attention, then the emergency services should be contacted immediately by telephoning 999.

If a member of the public, police or Local Authority reports a safeguarding concern to ECFC then the matter must be referred to the Designated Safeguarding Lead.

If for any reason the Designated Safeguarding Lead cannot be contacted, the following organisations can be contacted for advice:

- Concern about an adult at risk – You should contact Care Direct on 0345 1551 007 or email caredirect@devon.gov.uk
- Local Police - Telephone 101 for non-emergency referrals and 999 for emergency response.

12.6 Record

Be accurate and comprehensive. Wherever possible you should use the MyConcern system and ensure you also notify the Designated Safeguarding Lead that you have made an entry on the system.

It is essential all potential safeguarding issues are recoded on MyConcern. Sometimes what can be seen as a trivial matter could be an indicator of the onset or identification of more complex harm. Identifying issues at an early stage is also essential, early help and intervention are invariably more effective.

It is important that you keep an accurate record of any safeguarding concern that you have or that someone raises with you. Your record must,

- be made as soon as possible after the event/concern is raised,
- contain the date, time, people present, anything said (verbatim if possible),
- detail the behaviour and demeanour of the person disclosing the safeguarding issue,



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- detail any action you have taken (for example how you have reduced risk or whether you have referred the matter to a Designated Safeguarding Lead),
- be a factual account of what has happened

Do not record any opinion about what has happened. You are not there to judge or ascertain whether what you are being told is correct.

13. CONFIDENTIALITY AND SHARING INFORMATION

Effective and timely sharing of information is essential for the early identification of an adult at risk's needs and to ensure that the most appropriate services are provided in order to keep them safe.

Those with concerns should be proactive in sharing information as early as possible to help the Designated Safeguarding Lead (or Deputy) and other professionals identify, assess and respond to risks or concerns about the safety and welfare of adults at risk.

Fears about sharing information must not be allowed to stand in the way of the need to protect people which must always be the paramount concern. The Data Protection Act (2018)³ and the General Data Protection Regulations (2018) **do not** prevent you from sharing information in relation to safeguarding.

You should not assume that someone else will pass on information that you think may be critical to keeping an adult at risk safe.

ECFC Staff or those acting on their behalf should aim to gain consent to share information but should be mindful of situations where to do so would place an adult at increased risk of harm.

Information may be shared without consent if a member of ECFC Staff or those acting on their behalf has reason to believe that there is good reason to do so, and that the sharing of information will enhance the safeguarding of an adult at risk in a timely manner. When decisions are made to share or withhold information, ECFC Staff or those acting on their behalf should record who has been given the information and why.

The Designated Safeguarding Lead (or Deputy) must always be contacted before information is shared with an external organisation except in cases where there is a risk of immediate or serious harm and an emergency referral is necessary.

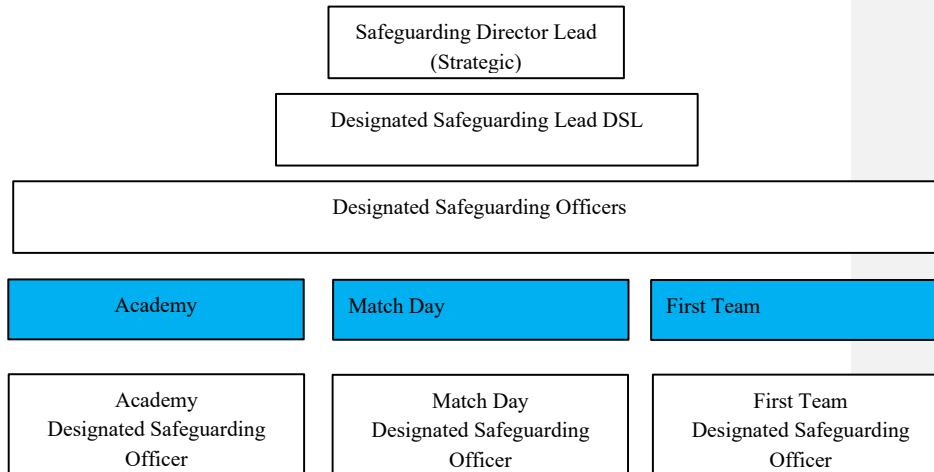
The Designated Safeguarding Lead will manage the process of sharing information with the police, local authority services and/or any third-party organisation. They will consider the Mental Capacity Act in this decision-making process.



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14. SAFEGUARDING STRUCTURE

14.1 The details and contacts of the Safeguarding Team can be found at Appendix A. The structure will be as follows:



There is an expectation all members of the ECFC Safeguarding Team work closely together and where circumstances dictate share agreed responsibilities and functions. However, it will be the Designated Safeguarding Lead, or in their absence the Deputy Designated Safeguarding Lead, that has primacy in terms of decision making around safeguarding concerns or allegations.

17.0 Action by the Designated Safeguarding Lead

The relevant Designated Safeguarding Officer, will manage the response to all safeguarding concerns.

When an adult safeguarding concern has been reported the Designated Safeguarding Officer will:

- Make an initial assessment of the information received and ensure, if not already done so, the details are recoded on MyConcern. If necessary, the Designated Safeguarding Lead will advise the reporting person on the quality of the submission and can ask for further detail to be added.
- Escalate to the Designated Safeguarding Lead if necessary
- Identify any immediate risks to individuals contained within the report and respond accordingly. This could include calling 999, ensuring all possible action is taken to remove, reduce or control the risks identified.



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- Where an adult is, or may be, at risk of harm from abuse or neglect then a safeguarding adult concern referral can be made to Care Direct using this [referral form](#) and sending it by email to csc.caredirect@devon.gov.uk.
- The Designated Safeguarding Lead can call Care Direct on 0345 1551 007 and request to be put through to the Safeguarding Adults Professional Line to seek advice prior to submitting a referral.
- In addition, the EFL Safeguarding Manager should be notified of Safeguarding Concerns using the referral form contained within the [EFL Safeguarding Policy](#)
- Should the Designated Safeguarding Lead dispute the outcome from the Local Authority consideration will be given to follow the [Devon Safeguarding Adults Partnership : Escalation Protocol](#)

17.3 Where it is decided that the information contained in the safeguarding concern constitutes a **Safeguarding Allegation** the Designated Safeguarding Lead will follow ECFC procedure for the Management of a Safeguarding Allegation. This could include contacting the Local Authority Designated Officer (LADO) and following the [Devon Safeguarding Adults Partnership : Position of Trust Protocol](#)

18.0 Procedural implementation and review:

These procedures were implemented on 1st January 2020

These procedures will be reviewed on an annual basis or in response to changes in safeguarding legislation and/or best practice.

The following additional policies are also relevant to this document:

- Bullying
- Female Genital Mutilation
- Peer on Peers Sexual Abuse
- Photography and Video Guidance
- Managing a Safeguarding Allegation
- Whistle Blowing
- Safe Recruitment



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Appendix A

Key Contacts

Exeter City Football Club Safeguarding Team

Club Safeguarding email address: safeguarding@ecfc.co.uk

Academy Designated Safeguarding Officer: Josh Cann

Telephone: 07736 912049

Email: josh.cann@ecfc.co.uk

Match Day & Lead Designated Safeguarding Officer: Kay Crawford

Telephone: 01392 413951 (Match days only)

Email: kay.crawford@ecfc.co.uk

First Team Designated Safeguarding Officer: Andy Gillard

Email: andy.gillard@ecfc.co.uk

Designated Safeguarding Lead: Justin Quick

Telephone: 07855 814236

Email: safeguarding@ecfc.co.uk

Director Lead for Safeguarding: Clive Harrison

Email: clive.harrison@ecfc.co.uk

EFL Safeguarding Manager: Alex Richards

Telephone: 01772 325940

Email: arichards@efl.com

Devon County Council Multi Agency Safeguarding Hub

Telephone: 0345 155 1071

Email: mashsecure@devon.gov.uk

NSPCC

0808 800 5000

help@nspcc.org.uk



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Appendix B

Types of Abuse

Based on the statutory guidance supporting the implementation of the Care Act 2014:

- Abuse is a violation of an individual's human and civil rights by another person or persons.
- Adults at risk may be abused by a wide range of people including family members, professional staff, care workers, volunteers, other service users, neighbours, friends, and individuals who deliberately exploit vulnerable people. Abuse may occur when an adult at risk lives alone or with a relative, within nursing, residential or day care settings, hospitals and other places assumed to be safe, or in public places.

The following is not intended to be an exhaustive list of types of abuse or exploitation but an illustrative guide as to the sort of behaviour which could give rise to a safeguarding concern.

Types of abuse:

- Physical abuse - including assault, hitting, slapping, pushing, misuse of medication, restraint, or inappropriate physical sanctions,
- Domestic violence – including psychological, physical, sexual, financial, emotional abuse; so, called 'honour' based violence,
- Sexual abuse - including rape, sexual assault, indecent exposure, sexual harassment, inappropriate touching, sexual teasing or innuendo, exposure to sexual images, subjections to indecent images or witnessing sexual acts. The adult may not have consented or may have been pressured into consenting,
- Psychological abuse - including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or unreasonable and unjustified withdrawal from services or supportive networks,
- Financial or material abuse - including theft, fraud, internet scamming, coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits. People with learning disabilities or dementia are particularly vulnerable to this type of abuse,
- Discriminatory abuse - including forms of harassment or similar treatment; because of race, gender and gender identity, age, disability, sexual orientation or religion,
- Neglect and acts of omission - including ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating,



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- Self-neglect – this covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding. Self-neglect might indicate that the person is not receiving adequate support or care or could be an indication of a mental health issue such as depression,
- Organisational abuse – including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one's own home. This may range from one-off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation,
- Modern slavery – encompasses slavery, human trafficking, forced ECFC 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.

Types of abuse not included in the Care Act 2014 but also relevant:

- Bullying (including 'cyber bullying' by text, e-mail, social media etc.) - may be seen as deliberately hurtful behaviour, usually repeated or sustained over a period of time, where it is difficult for those being bullied to defend themselves. The bully may be another vulnerable person. Although anyone can be the target of bullying, victims are typically shy, sensitive and perhaps anxious or insecure. Sometimes they are singled out for physical reasons – being overweight, physically small, having a disability - or for belonging to a different race, faith or culture,
- Mate Crime – a 'mate crime' is 'when vulnerable people are befriended by members of the community who go on to exploit and take advantage of them. It may not be an illegal act but still has a negative effect on the individual. Mate Crime is carried out by someone the adult knows. There have been a number of serious cases relating to people with a learning disability who were seriously harmed by people who purported to be their friends,
- Radicalisation- The aim of radicalisation is to inspire new recruits, embed extreme views and persuade vulnerable individuals to the legitimacy of a cause. This may be direct through a relationship, or through social media.

Recognising abuse

Patterns of abuse vary and include:

- Serial abusing in which the perpetrator seeks out and 'grooms' individuals. Sexual abuse sometimes falls into this pattern as do some forms of financial abuse,
- Long-term abuse in the context of an ongoing family relationship such as domestic violence between spouses or generations or persistent psychological abuse; or



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- Opportunistic abuse such as theft occurring because money or valuable items have been left lying around.
- Signs and indicators that may suggest someone is being abused or neglected include:
- Unexplained bruises or injuries – or lack of medical attention when an injury has occurred,
- Someone losing or gaining weight, or an unkempt appearance,
- A change in behaviour or confidence,
- Self-harming,
- A person's belongings or money go missing,
- The person is not attending, or no longer enjoying, their sessions,
- A person has a fear of a particular group or individual,
- A disclosure – someone tells you or another person that they are being abused.