



## ADULTS AT RISK POLICY

Portsmouth Football Club | Fratton Park, PO4 8RA



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## INTRODUCTION

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Portsmouth Football Club are committed to the safeguarding and welfare of all adults at risk and expect all staff and volunteers to share this commitment.

An adult at risk is any person who is aged 18 years or over and at risk of abuse or neglect.

We will Safeguard Adults in line with national legislation and relevant national and local guidelines and by ensuring that our activities are delivered in a way which keeps all adults safe.

Portsmouth Football Club are committed to creating a culture of zero-tolerance of harm to adults which necessitates: the recognition of adults who may be at risk and the circumstances which may increase risk; knowing how adult abuse, exploitation or neglect manifests itself; and being willing to report safeguarding concerns.

We acknowledge that every adult at risk who plays or participates in football should be able to take part in an enjoyable and safe environment and be protected from poor practice and abuse. Portsmouth Football Club recognises that this is the responsibility of every adult involved in our club.

We must always respect the dignity and spirit of all people, including children, young people and adults at risk. Treat everyone fairly, encourage a supportive and positive environment to promote healthy competition, skill development, fun and achievement. Avoid contact or conduct that may be interpreted or defined as inappropriate.

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## 1. POLICY STATEMENT

Portsmouth Football Club believes everyone has the right to live free from abuse or neglect regardless of age, ability or disability, sex, race, religion, ethnic origin, sexual orientation, marital or gender status.

We are committed to creating and maintaining a safe and positive environment and an open, listening culture where people feel able to share concerns without fear of retribution.

Portsmouth Football Club recognises that health, well-being, ability, disability and need for care and support can affect a person's resilience. We recognise that some people experience barriers, for example, to communication in raising concerns or seeking help. We recognise that these factors can vary at different points in people's lives.

We also recognise that there is a legal framework within which sports need to work to safeguard adults who have needs for care and support and for protecting those who are unable to take action to protect themselves and will act in accordance with the relevant safeguarding adult legislation and with local statutory safeguarding procedures.

Actions taken will be consistent with the principles of adult safeguarding ensuring that any action taken is prompt, proportionate and that it includes and respects the voice of the adult concerned.

'Safeguarding means protecting an adult's right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and the experience of abuse or neglect, while at the same time making sure the adult's wellbeing is promoted' (Care Act 2014).

Abuse of adults links to the circumstances rather than the characteristics of the people experiencing harm. The term 'Vulnerable Adult' is seen as disempowering, the Care Act describes potentially 'At Risk' from harm or abuse. The Ann Craft Trust is a leading safeguarding organisation funded by Sport England and supported by the EFL.

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## 2. PURPOSE

This policy should be read in conjunction with the club's Safeguarding Children and Young People Policy'

Our safeguarding policies aim to promote the safety and wellbeing of children, young people and adults at risk and to provide assurance to parents, carers and other parties.

The well-being of all adults at risk is paramount for all staff and volunteers and accordingly, they must read and fully understand this policy.

The purpose of this policy is to demonstrate the commitment of Portsmouth Football Club to safeguarding adults and to ensure that everyone involved in the club is aware of:

- The legislation, policy and procedures for safeguarding adults.
- Their role and responsibility for safeguarding adults.
- What to do or who to speak to if they have a concern relating to the welfare or wellbeing of an adult within the organisation.

By implementing this policy across all Portsmouth FC locations, all members of staff and volunteers will understand that they have a responsibility to work together to safeguard all adults that may be vulnerable.

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### 3. AIMS & KEY PRINCIPLES

The Safeguarding Adults at Risk policy will identify the measures that are to be taken to keep adults at risk safe, to protect them and not expose them to danger or risk and to prevent harm occurring to them. Where proactive and preventative work has failed or where harm has occurred by acts of coercion or omission and where the adult at risk has not been able to safeguard themselves, the policy sets out the club's procedures for dealing with any such issues.

The aims of Portsmouth Football Club's Adults at Risk Policy are:

- To develop a safe and welcoming environment for adults at risk involved in Club-led activities ensuring they are free from abuse and the fear of abuse in all its forms
- To cultivate a culture where safeguarding practice is widely understood, openly discussed and where the workforce recognises the role they play in keeping adults at risk, themselves and colleagues, safe from harm.
- To promote a clear system that supports constant vigilance, prevention and early intervention in safeguarding matters and where necessary prompt and thorough action in response to any reported concerns or incidents.
- To apply legislation, government policy and guidance, and football governing body regulations, policy and guidance where applicable.

The key principles underpinning this policy are:

- All adults, regardless of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation status have the right to be protected from abuse and poor practice and to participate in an enjoyable and safe environment.
- The club will seek to ensure that our sport and any other recreational activities are inclusive and make reasonable adjustments for any ability, disability or impairment, we will also commit to continuous development, monitoring and review.
- The rights, dignity and worth of all adults will always be respected.
- We recognise that a disabled adult may or may not identify themselves or be identified as an adult 'at risk'.
- We all have a shared responsibility to ensure the safety and wellbeing of all adults and will act appropriately and report concerns whether these concerns arise within football, or in the wider community.
- All allegations will be taken seriously and responded to quickly in line with The Club's Safeguarding Adults at risk Policy and Procedures.

**The club recognises that ensuring these key principles are followed is the responsibility of every adult involved in the club.**



## PRINCIPLES

### Definition of the term 'Adult at risk' (Care act 2014)

The Safeguarding duty in the context of the legislation under the care act apply to someone who is aged over eighteen who:

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

This may include people with learning disabilities, sensory impairment, 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 (this list is not exhaustive). 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.

### The following six key principles underpin all adult safeguarding work:

1. **Empowerment:** people being supported and encouraged to make their own decisions and give informed consent.
2. **Prevention:** it is better to take action before harm occurs
3. **Proportionality:** the least intrusive response appropriate to the risk presented
4. **Protection:** support and representation for those in greatest need
5. **Partnership:** local solutions through services working with their communities- communities have a part to play in preventing, detecting and reporting neglect and abuse
6. **Accountability:** accountability and transparency in safeguarding practice



#### 4. MAKING SAFEGUARDING PERSONAL

Making Safeguarding personal means putting the person at the centre of everything we do during a safeguarding process from the very beginning through to the very end. It means engaging the person in a conversation about how best to respond to their safeguarding situation in a way that enhances involvement, choice and control. As well as this, we need to ensure that it is also improving quality of life, wellbeing and safety.

It is also important where possible to get the persons view on what they would like to happen to ensure they are kept involved with the safeguarding process. This will also involve seeking consent, where possible to do so, to share information outside of the organisation when it is safe to do this.

This means we will:

- Listen to the person who is at risk
- Understand their wishes and feelings
- Take them seriously
- Treat them with respect
- Support them to feel safe
- Support them to make their own decisions
- Keep them informed and involved
- Tell them what will happen next

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## 5. CAPACITY AND STATUTORY PRINCIPLES

We make decisions every day, often without even realising, and may take this for granted. Some people can make every decision about their own lives. Some people can make some decisions and a small number of people cannot make any decisions.

Being unable to make a decision is called “lacking capacity”. Where an adult is found to lack capacity to make a decision then any action taken, or any decision made for, or on their behalf, must be made in their best interests.

People must be assumed to have capacity to make their own decisions and must be given all practicable help before we treat them as not being able to make their own decisions.

To make a decision we need to:

- Understand information
- Remember it for long enough
- Think about the information
- Communicate our decision

A person’s ability to do this may be affected by things like learning disability, dementia, mental health needs, acquired brain injury, and physical ill health.

The Mental Capacity Act 2005 (MCA) states that every individual has the right to make their own decisions and provides the framework for this to happen.

The MCA recognises that capacity is decision-specific, so no one will be labelled as entirely lacking capacity. The MCA also recognises that decisions can be about big life-changing events, such as where to live, but equally about small events, such as what to wear on a cold day.

The Mental Capacity Act 2005 sets out five statutory principles:

1. Assume that people can make decisions, unless it is proven that they cannot – if you have concerns about a person’s level of understanding attending one of your events you should check this with them and if applicable people supporting them.
2. Give people as much support as they need to make decisions - you may be involved in this, you might need to think about the way you communicate or provide information, you may be asked your opinion.
3. The right to make unwise decisions if you understand the implications – a person may want to play a contact sport even though they are unsteady on their feet. If they understand the implications then consider how risks can be minimised so they do not miss out, for example by using protective sports equipment.

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4. Best Interests - If someone is not able to make a decision, then the people helping them must only make decisions in their 'best interests'. This means that the decision must be what is best for the person, not for anyone else. If someone was making a decision on your behalf, you would want it to reflect the decision you would make if you were able to.

5. If someone is having a decision made for them, then find the least restrictive way of doing what needs to be done

It is not for an employee of Portsmouth Football Club to decide whether an Adult at Risk lacks capacity.

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## 7. COMMITMENTS

In order to implement this policy Portsmouth Football Club will ensure that:

- Everyone involved is aware of the safeguarding adult procedures and knows what to do and who to contact if they have a concern relating to the welfare or wellbeing of an adult.
- Any concern that an adult is not safe is taken seriously, responded to promptly, and followed up in line with the club's Safeguarding Adults at risk Policy and Procedures.
- The well-being of those at risk of harm will be put first and the adult actively supported to communicate their views and the outcomes they want to achieve. Those views and wishes will be respected and supported unless there are overriding reasons not to.
- Any actions taken will respect the rights and dignity of all those involved and be proportionate to the risk of harm.
- Confidential, detailed and accurate records of all safeguarding concerns are maintained and securely stored in line with our Data Protection Policy and Procedures
- The club will cooperate with the Police and the relevant Local Authorities in taking action to safeguard an adult.
- All Board members, staff and volunteers understand their role and responsibility for safeguarding adults and have completed and are up to date with safeguarding training and learning opportunities appropriate for their role.
- Portsmouth Football Club uses safer recruitment practices and continually assesses the suitability of volunteers and staff to prevent the employment/deployment of unsuitable individuals in this organisation.
- The club shares information about anyone found to be a risk to adults with the appropriate bodies. For example: Local authority, police, The EFL, The FA
- When planning activities and events, an assessment of, and risk to, the safety of all adults from abuse and neglect is always completed.
- Actions taken under this policy are reviewed by the Board and senior management team on an annual basis.



## 8. ABUSE AND NEGLECT

Abuse is a violation of an individual's human and civil rights by another person or persons. It can occur in any relationship and may result in significant harm to, or exploitation of, the person subjected to it. Any or all of the following types of abuse may be perpetrated as the result of deliberate intent, negligence, omission or ignorance.

Abuse can take many forms and abusive behaviour can be assessed on a scale from poor practice, to bad practice to abuse.

Abuse cannot be easily measured as an action alone. Its severity will partly be defined by the:

- Vulnerability of the victim and the power differential
- Nature and extent of the abuse
- Length of time it has been occurring
- Impact on the individual or group
- Risk of it being repeated or becoming increasingly serious

There are different types and patterns of abuse and neglect and different circumstances in which they may take place.

**The Care Act 2014 recognises 10 categories of abuse in relation to adults at risk:**

- Physical
- Sexual
- Psychological or emotional
- Neglect and acts of omission
- Self-neglect
- Financial or material abuse
- Discriminatory abuse
- Modern slavery
- Organisational abuse
- Domestic violence and abuse

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### Not included in the Care Act 2014 but also best practice principles:

- Forced marriage
- Honour based abuse
- Female genital mutilation
- Cyber bullying
- Mate crime
- Radicalisation

Please find some definitions of abuse below:

#### PHYSICAL ABUSE

- Physical abuse includes- assault, hitting, slapping, pushing, misuse of medication, inappropriate physical sanctions or force feeding, being locked in a room, inappropriate methods of restraint and unlawfully depriving a person of their liberty.

#### SEXUAL ABUSE

- Adults with care and support needs can consent to sexual activity but can still be abused. Sexual abuse includes rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, sexual assault and sexual acts to which the adult has not consented or was pressured into consenting.

#### PSYCHOLOGICAL ABUSE

- Psychological abuse includes emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation, unreasonable and unjustified withdrawal of services or supportive networks.

#### NEGLECT

- Neglect and acts of omission include ignoring medical, emotional or physical care needs, failing 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.

Neglect is an ongoing failure to meet the basic needs of an adult at risk including the neglect of, or unresponsiveness to, basic emotional needs.

In an Activity setting, it may involve failing to ensure that Adults at Risk are safe and adequately supervised or exposing them to unnecessary risks.



### 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.

This happens away from football, but we may see the signs in football.

### FINANCIAL ABUSE

- Financial abuse includes theft, fraud, internet scamming, coercion in relation to an adult's financial affairs or arrangements and the misuse or misappropriation of property possessions or benefits.

**For further definitions please see Appendix 1**

Abuse can take place in any relationship and there are many contexts in which abuse might take place; e.g. Institutional abuse, Domestic Abuse, Forced Marriage, Human Trafficking, Modern Slavery, Sexual Exploitation, County Lines, Radicalisation, Hate Crime, Mate Crime, Cyber bullying, Scams.

Abuse can take place within the sporting environment and the person causing harm might be any other person. For example: a member of staff, a coach, a volunteer, a participant or a supporter.

Some examples of abuse within sport include:

- Harassment of a participant because of their (perceived) disability or other protected characteristics.
- Not meeting the needs of the participant e.g. training without a necessary break.
- A coach intentionally punishing a player
- An official who sends unwanted sexually explicit text messages to a participant with learning disabilities.
- A participant threatens another participant with physical harm and persistently blames them for poor performance.

Abuse or neglect outside sport could be carried out by:

- A spouse, partner or family member
- Neighbours or residents
- Friends, acquaintances or strangers
- People who deliberately exploit adults they perceive as vulnerable
- Paid staff, professionals or volunteers providing care and support

Often the perpetrator is known to the adult and may be in a position of trust and/or power.



## SIGNS

An adult may confide to a member of staff, volunteer or another adult involved with the club that they are experiencing abuse inside or outside of the organisation's setting. Similarly, others may suspect that this is the case.

There are many signs and indicators that may suggest someone is being abused or neglected. There may be other explanations, but they should not be ignored. The signs and symptoms include but are not limited to:

Unexplained bruises or injuries – or lack of medical attention when an injury is present. Person has belongings or money going missing.

- Person is not attending / no longer enjoying their work.
- Someone losing or gaining weight / an unkempt appearance. This could be a player whose appearance becomes unkempt, does not wear suitable sports kit and there is a deterioration in hygiene.
- A change in the behaviour or confidence of a person.
- Self-harm.
- A fear of a particular group of people or individual.
- A parent/carer always speaks for the person and doesn't allow them to make their own choices
- They may tell you / another person they are being abused – i.e. a disclosure

**For further signs and indicators of abuse, please see Appendix 1**



## 9. RECORDING AND SHARING OF INFORMATION

Information about concerns of abuse includes personal data. It is therefore important to be clear as to the grounds for processing and sharing information about concerns of abuse.

Processing information includes record keeping. Records relating to safeguarding concerns must be accurate and relevant. They must be stored confidentially with access only to those with a need to know.

Sharing information, with the right people, is central to good practice in safeguarding adults. However, information sharing must only ever be with those with a 'need to know'.

This does **NOT** automatically include the persons spouse, partner, adult, child, unpaid or paid carer. Information should only be shared with family and friends and/or carers with the consent of the adult or if the adult does not have capacity to make that decision and family/ friends/ carers need to know in order to help keep the person safe.

The purpose of Data Protection legislation is not to prevent information sharing but to ensure personal information is only shared appropriately. Data protection legislation allows information sharing within an organisation. For example:

- Anyone who has a concern about harm can make a report to an appropriate person within the same organisation
- Case management meetings can take place to agree to co-ordinate actions by the organisation

There are also many situations in which it is perfectly legal to share information about adult safeguarding concerns outside the organisation. Importantly personal information can be shared with the consent of the adult concerned. However, the adult may not always want information to be shared. This may be because they fear repercussions from the person causing harm or are scared that they will lose control of their situation to statutory bodies or because they feel stupid or embarrassed. Their wishes should be respected unless there are over-riding reasons for sharing information.





The circumstances when we need to share information without the adult's consent include those where:

- it is not safe to contact the adult to gain their consent – i.e. it might put them or the person making contact at further risk.
- you believe they or someone else is at risk, including children.
- you believe the adult is being coerced or is under duress.
- it is necessary to contact the police to prevent a crime, or to report that a serious crime has been committed.
- the adult does not have mental capacity to consent to information being shared about them.
- the person causing harm has care and support needs.

When information is shared without the consent of the adult this must be explained to them, when it is safe to do so, and any further actions should still fully include them.

If you are in doubt as to whether to share information seek advice e.g. from the EFL/ FA, seek legal advice and/or contact the Local Authority and explain the situation without giving personal details about the person at risk or the person causing harm.

Any decision to share or not to share information with an external person or organisation must be recorded together with the reasons to share or not share information.



## 10. RAISING A CONCERN

The staff at Portsmouth Football Club are well placed to observe the changes in an adult's behaviour and outward signs of abuse.

Adults at risk may turn to a trusted person when they are in distress or at risk. It is vital that all staff are alert to this and understand the procedures for reporting their concerns and what appropriate action to take.

Safeguarding concerns fall into one of the following types:

- The behaviour of one person towards another
- A risk identified through the recruitment process (DBS)
- Information about an individual provided by statutory agencies or another route
- Allegations of abuse
- Concern about harm to a person that has taken place outside of any club activity, but identified while at a club activity

For members of staff these concerns can apply to both their professional and private lives and poor conduct in either may affect their position in the workplace.

Portsmouth Football Club will ensure that confidentiality of safeguarding cases is maintained.

Everyone is told to report safeguarding concerns, however small. The secure safeguarding reporting and case management system 'My Concern' is used by the club for reporting all safeguarding concerns as well as the club's safeguarding referral form for those that do not have access to the reporting system. Only the DSO and essential people involved will be aware, on a need-to-know basis.



Statutory information sharing protocols will be followed where necessary including the FA safeguarding case management, the EFL safeguarding team, the local authority and the police/emergency services.

A victim centred approach to safeguarding is at the centre of our ethos. Wherever possible the vulnerable person will be involved in every aspect of managing the concern. If a person is at immediate risk of harm or about to become the victim of a crime, the police must be informed via 999.

Referral for any issue concerning potential radicalisation to extremism should be managed as any other safeguarding referral.

**Mandatory reporting** – If any member of staff has a concern about an adult at risk, they have a duty to refer this to the DSO.

The DSO will ensure every instance is recorded on 'My Concern'. This will ensure transparency, an audit trail, identify poor practice, lessons learned and themes.

If there is immediate risk of harm, a serious injury, or a criminal offence may have been committed, then the police or other emergency services must be involved at the earliest opportunity.

Where a very serious concern is raised that involves anyone involved in a club activity, the SSM will be informed.

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## 11. REPORTING

There may be occasions when staff are concerned about a person's welfare and may suspect that a person may be at risk of harm.

Staff should give that person the opportunity to talk. The signs they have noticed may be due to a variety of factors, for example, a pet has died, a relative is very ill or an accident has occurred.

Following an initial conversation, if the member of staff remains concerned, they should discuss their concerns with their line manager (where appropriate) and DSO and a 'My Concern' report must be recorded.

If the person does begin to reveal that they are being harmed, staff should follow the advice below.

Concerns which do not meet the threshold for intervention will be monitored.

**Taking action** – Any person could become a victim of abuse. It is important to believe that person and take the matter seriously. Key points for staff to remember:

- Where appropriate, inform your line manager of your concern(s) and report it your Designated Safeguarding Officer or Senior Safeguarding Manager
- In an emergency take the action necessary to help the person, if necessary call emergency services on 999 or 101 for local police.
- Consider the welfare of the victim (and the reporting person if different).
- Remove the alleged perpetrator from the workplace.
- Do not start your own investigation.
- Secure evidence, especially if the allegation involves a sexual assault (clothing and hygiene items).
- Share information on a need-to-know basis only – do not discuss with colleagues, friends or family.
- Make a record of all information either using a safeguarding referral form (available on the club website or internally for staff members) or report on Myconcern if you have access to this system.
- Seek support for yourself if you are distressed.

If the adult at risk is in need of immediate medical attention:

- Inform carers / nominated person / next of kin that you are doing this. If they are allegedly involved in the abuse, only inform them that you are taking that person to hospital. Do not share any other information.



- Inform doctor of your concerns in relation to adult abuse issues and the doctor will take appropriate action.

#### **If an adult at risk discloses to you:**

If any person discloses about any risks to their safety or well-being, the staff member will need to tell that person the information will be recorded.

Staff must not promise confidentiality or a possible outcome. Tell the individual that the information they share with you will need to be recorded and shared with others on a need to know basis to keep them safe.

An adult at risk should never be pressured to give information or show physical marks unless they do so willingly.

#### **If they chose to show markings, two members of staff should be present.**

#### **How to respond:**

In the event that an adult at risk makes an allegation or disclosure of abuse, you can use the TED questions to gain clarity:

- 1. Tell me what happened, 2. Explain, 3. Describe.
- Listen and/or closely observe their presentation and behaviour
- Do not interview, investigate or ask leading questions
- Let them know that you will need to tell someone else in order to help them
- Do not promise to keep what they tell you a secret
- Do not speak with the alleged person or carers / responsible person / next of kin of the victim • Respond appropriately: make notes so that you are able to discuss with a member of the safeguarding team
- Report your concerns and contact the DSO
- Record your observations; complete a My Concern entry or a safeguarding referral form (Appendix 2) . This will automatically be submitted to the DSO or SSM.

Keep any notes as they are vital evidence and may be required for any criminal investigation If any person starts to disclose something and then stops when they are informed you must record it, or that it cannot remain confidential, this must still be reported on 'My Concern'.

If an adult at risk discloses any experience of abuse or neglect. Remember, it may have taken a great amount of courage for the person to tell you that something has happened and fear of not being believed can cause people not to tell.



How you react, what you say, and how you respond to the situation is crucial. The adult at risk may not understand that they are being or have been abused and might not realise the significance or severity of what they are telling you.

It may be the case that the disclosure is happening many months or even years after the abuse took place, one reason for the delay in disclosure may be the person they were afraid of has now left the setting or organisation and they now feel safe to tell you.

The below will be helpful to remember when responding to a disclosure:

- Recognise- recognising there is a concern, abuse, or risk of harm
- Respond- how you respond to the disclosure or concern
- Report- to Senior Safeguarding Manager or Designated Safeguarding Officer
- Record- Detail the concern via online platform 'MyConcern' or using a Safeguarding referral form
- Refer- referral onto statutory agencies or other governing bodies

**If the club referral form cannot be accessed when dealing with a disclosure or safeguarding concern, a written record should include the following information wherever possible:**

- The date and time of the incident or disclosure, parties involved i.e. victim(s), the person(s) whose conduct there are concerns about, any witnesses, person(s) reporting the concern, person(s) to whom the concern was reported.
- Factual information. Staff might convey their intuitive thoughts, but these should be recognised as such and should not form part of the record.
- In the case of bruises or observed injuries, a body map (a drawing of a body outline, upon which the location of bruises/injuries can be indicated) can be completed.
- The time and date of referring the information and to whom the information was referred.

Such records must be signed and dated by the individual recording the information. If more information is recalled at a later date, this should be added as an addendum. The original record must not be changed.

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

Dealing with



## 12. ROLES AND RESPONSIBILITIES

### Senior Safeguarding Manager

Portsmouth Football Club has a Senior Safeguarding Manager (SSM) who has operational responsibility for the safeguarding arrangements for all activities.

The SSM reports directly to the clubs Head of People & EDI and the Chief Executive for safeguarding matters.

During periods of absence the responsibilities of the SSM may be delegated to one or more members of staff known as Designated Safeguarding Officers. The SSM will ensure that these Safeguarding Officers are properly trained and supported to complete this function.

The club SSM liaises with the respective safeguarding teams for advice, guidance, and referrals and will be guided by and adhere to Local Authority and Police protocols.

It is imperative that anyone with concern about an adult at risk's welfare should wherever possible contact either the Designated Safeguarding Officer for that area or the Senior Safeguarding Manager as soon as reasonably practicable or in any event within 24hrs of the concern being identified.

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## 15. RECRUITMENT

The Club operates within best practice and safer recruitment guidelines to ensure we take all steps to prevent unsuitable individuals from working with, having access to or influence over adults at risk.

As part of the club's recruitment and selection process, all offers of work to positions which involve working with adults at risk are subject to the outcome of satisfactory Disclosure and Barring Service (DBS) criminal records checks (CRC) at the level deemed suitable for the position offered and subject to appropriate references. The club adheres to the EFL DBS eligibility guidance document when completing DBS checks.

All offers of work are subject to the outcome of the screening process and where applicable, this is set out in the initial job advertisement and the applicant's offer of work.

Until a satisfactory DBS has been received, the member of staff will not be permitted to work with adults at risk.

Should an individual's DBS Disclosure reveal any convictions the club will consider whether the nature of the offence/offences renders the person concerned unsuitable for working with adults at risk.

Portsmouth Football Club is committed to providing equal opportunities to staff and therefore a positive DBS check will not necessarily result in a bar from work.

The Rehabilitation of Offenders Act 1974 and Protection from Freedoms Act 2012 will be considered in all cases before a final decision is made.

All new employees, workers or volunteers working with adults at risk at the club will be required to complete a Self-Declaration form as part of the onboarding process before commencement of duties.

**The club has a Safe Recruitment Policy which deals with all aspects of the safe recruitment of staff. This policy should be referred to and followed where any concerns are identified.**





## 16. RISK ASSESSMENTS

For any activity or event where adults at risk are involved, a risk assessment will need to be completed in order to take into account the individual's vulnerabilities whilst in the care of our club staff and/ or premises. This assessment should set out what measures will be put into place for their care and supervision and how any risks will be minimised.

All risk assessments will be shared with the leading member of staff for each activity or event prior to it taking place to ensure the details are followed.

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## 17. MATCH DAYS AT FRATTON PARK

The Club works tirelessly to provide the best facilities for our disabled supporters including Adults at Risk.

We understand and recognise that disabled supporters may need assistance when visiting Fratton Park to be able to enjoy their experience. We offer reasonable adjustments based on individual needs.

Further information for disabled supporters can be found on our club website.

### **Searching adults at risk:**

To ensure the safety and security for all Club activities all adults at risk may be subject to the Club's search process. Adults at risk are asked to self-search as the preferred method; however, should the Club suspect that the adult at risk may be concealing a prohibited item, consent will be sought from the adult at risk and/or their carer before a Steward or Security member of the same sex being observed by a Supervisor searches the adult at risk.

### **Matchday photography:**

Adults at Risk attend games as spectators and may appear as part of the crowd on matchdays and be reproduced in official Portsmouth Football Club promotional material and appear in the public domain.

The Club's terms and conditions of ticket purchase and standard ground regulations state that images may be taken of fans within the crowd and used in promotional material. Ticket holders agree to these conditions when purchasing a ticket. Any queries on promotional material featuring an adult at risk should be addressed to the Senior Safeguarding Manager or Head of Safety and Stadium Operations.



## 18. POOR PRACTICE

Poor practice does not necessarily imply intentional harm is taking place, but it can be a determining factor in escalating risk-taking behaviours which may cause harm.

Any of the following can be considered poor practice: (This list is not exhaustive.)

- **Lack of professional boundaries**
- **Contact during unsociable hours (ie late at night)**
- **Conveying in accordance with the transport policy which means no unaccompanied lifts**
- **Unnecessary risk taking**
- **Connecting on personal social media accounts**
- **Sharing personal details such as home address**
- **Insufficient care to avoid accident or injuries**
- **Not complying with the club's policies and procedures**

## 19. MY CONCERN

The My Concern safeguarding software is an electronic recording system which enables members of staff in educational and sport establishments or other trusted users to record and update safeguarding concerns.

The system allows Designated Safeguarding Leads such as the Senior Safeguarding Manager and Designated Safeguarding Officers to case manage incidents, produce data reports, and access all relevant data for their establishment.



## 20. MANAGING ALLEGATIONS AGAINST STAFF AND VOLUNTEERS

Should a concern arise about a staff member or volunteer's conduct in relation to an adult at risk, this should be reported to the club's Senior Safeguarding Manager (or a Designated Safeguarding Officer in their absence) who will take such steps as considered necessary to ensure the safety of the adult at risk in question and any other person who may be at risk.

The club's Allegations against staff procedure should be followed where an allegation or concern is raised from any source that an employee or volunteer has:

1. Behaved in a way that has, or may have, harmed an adult at risk.
2. Possibly committed a criminal offence against or related to an adult at risk.
3. Behaved towards an adult at risk in a way that indicates they may pose a risk of harm towards that person or other adults at risk. This can include behaviour in their personal life that raises safeguarding concerns.

Acts of omission can also cause harm to an individual. It can include ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services. It can also involve withholding the necessities of life, such as medication, adequate nutrition and heating.

When managing an allegation against a staff member or volunteer the nature of the concern will dictate the level of investigation required and who is informed.

The Senior Safeguarding Manager (or a Designated Safeguarding Officer in their absence), in the first instance will contact the Head of People.

There may be a requirement for the following agencies to be notified:

- The Football authorities (The FA and Premier League)
- Adult Social Care Manager and/or the Police (if required must be within 24 hours)
- The club will consider notifying a parent/carer of the adult at risk subject to appropriate consent, following advice from statutory authorities.

If the concern raised relates to the conduct of the Senior Safeguarding Manager, the matter should be referred to the Chief Executive.

### Notifying the Football Association (FA)



The FA sets the safeguarding policy and regulatory framework across the game. Their regulatory framework enables them to take action against any affiliated person or organisation that breaches their safeguarding regulations and policies.

The FA have produced a threshold document which has been developed to assist Professional Clubs and CCO's when in receipt of safeguarding concern(s) about an individual's behaviour towards a child or adult at risk.

It provides guidance on how to respond and when to alert the Football authorities.

The threshold for making a safeguarding referral to The FA is met when:

- Any information is received by a Professional Club or CCO regarding the abuse, harm or exploitation of a Child or Adult at Risk by an individual who is or has previously been involved in football related activity in any capacity. This includes any current, prospective or a former employee, volunteer, consultant player (including academy players as defined in the Premier League and EFL Youth Development Rules), third party contractor and casual worker of any professional Club or CCO whether the evidence relates to their performance, a recent or non-recent allegation. This also includes any referrals made to external agencies.
- Any information received by a Professional Club or CCO regarding an allegation of a sexual offence of any nature, against anyone (irrespective of whether that a person is a child or adult at risk), by an individual who is or has previously been involved in football related activity in any capacity. This includes any current, prospective or a former employee, volunteer, consultant player (including academy players as defined in the Premier League and EFL Youth Development Rules), third party contractor and casual worker of any professional Club or CCO whether the evidence relates to their performance, a recent or non-recent allegation. This also includes any referrals made to external agencies.
- A third (or subsequent) incident or allegation of low-level concerns.

All such matters must be referred to the EFL and the Football Association as soon as reasonably practicable.

Where a referral is made to an 'external agency' (such as the police, the local authority or the DBS), this must be referred to the football authorities within 24 hours, along with all relevant information and evidence provided to the external agency in respect of the same.

Failure to report a concern about the welfare of a child/adult at risk may result in action taken by The FA under its Disciplinary Regulations.



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## 21. WHISTLEBLOWING

Whistleblowing is the act of disclosing information about wrongdoing in the workplace. This could mean highlighting possible unlawful activities in the organisation, failures to comply with legal obligations, miscarriages of justice or reporting on risks to the health and safety of individuals or to the environment.

You're a whistleblower **if you're a worker and you report certain types of wrongdoing**. This will usually be something you've seen at work - though not always. The wrongdoing you disclose must be in the public interest. This means it must affect others, for example the general public.

A whistleblower is protected by law and should not be treated unfairly or lose their job because they 'blow the whistle'.

Concern can be raised at any time about an incident that happened in the past, is happening now, believed will happen in the near future.

**The club Whistleblowing Policy should be referred to and followed where any concerns arise.**

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## 22. LOW LEVEL CONCERNS

Portsmouth Football Club aims to create and embed a culture of transparency and confidence within our Club to enable all concerns about an adult's behaviour (including those below the referral threshold) that are below the expected standards and values of our organisation and does not meet the organisational expectations.

A low-level concern may be no more than a nagging doubt and the aim of the policy is to support a culture that enables staff to feel confident to report any concern, no matter how small.

**Please refer to the club's Low Level Concerns Procedure for further information**

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## 23. KEY CLUB CONTACTS

The operational delivery of safeguarding is coordinated by our Senior Safeguarding Manager and is supported through designated safeguarding officers in various departments. Each DSO is responsible for providing expertise and supporting the promotion and awareness raising of safeguarding.

### SENIOR SAFEGUARDING MANAGER

**EMMA SMITH**

[emmasmith@pompeyfc.co.uk](mailto:emmasmith@pompeyfc.co.uk)

07824 415959

Our Senior Safeguarding Manager is the key point of contact should any safeguarding concerns arise within the club at any time including match days or when events take place on site.

### DESIGNATED SAFEGUARDING OFFICERS

Designated safeguarding officers are responsible for ensuring safeguarding is a key priority within their own departments as well as being a point of contact should any safeguarding concerns. DSO's have a duty to accurately record safeguarding concerns or allegations and report them to the club Safeguarding manager.

### ACADEMY

**Amy Green** – [amygreen@pompeyfc.co.uk](mailto:amygreen@pompeyfc.co.uk)

The Academy Designated Safeguarding Officer is the lead point of contact should any concerns arise within the Academy and is responsible for maintaining accurate records of any safeguarding incidents or concerns within this department and discussing these with the Senior Safeguarding Manager on a regular basis.

The Senior Safeguarding Manager and Academy DSO will work closely together in regard to safeguarding within this department.

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## HOSPITALITY

Michelle Alders- [michellealders@pompeyfc.co.uk](mailto:michellealders@pompeyfc.co.uk)

## MEDIA/COMMERCIAL

Neil Weld- [neilweld@pompeyfc.co.uk](mailto:neilweld@pompeyfc.co.uk)

## POMPEY IN THE COMMUNITY

Pompey in the Community are PFC's charitable partner with whom the club has a very close working relationship.

PITC has its own comprehensive safeguarding policies and procedures in place. For match-day activities or other club-related activity, all staff working in PITC will operate according to the club's safeguarding policy and procedures where necessary.

Clare Martin- [clare.martin@pompeyitc.org.uk](mailto:clare.martin@pompeyitc.org.uk)

## POMPEY WOMEN & POMPEY HISTORY SOCIETY

Both Pompey Women and Pompey History Society agree to adopt the clubs safeguarding policies and procedures where appropriate within the organisations.

Bill Griffiths- [pfcladiesclubsec@gmail.com](mailto:pfcladiesclubsec@gmail.com)

**If you wish to send an e-mail to the club in relation to safeguarding but do not want to direct this to a particular individual, please use the below contact email address**

[safeguarding@pompeyfc.co.uk](mailto:safeguarding@pompeyfc.co.uk)

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## 24. EXTERNAL CONTACTS AND RESOURCES

### **The EFL Safeguarding Team:**

01772 325490

[safeguarding@efl.com](mailto:safeguarding@efl.com)

### **The Football Association/NSPCC**

Safeguarding Children & Vulnerable Adults Helpline

Tel: 0808 800 5000

Text phone for Deaf Users. Tel 0800 056 0566

[safeguarding@fa.com](mailto:safeguarding@fa.com)

**Portsmouth City Council**- if you have concerns for an adult

Phone: 023 9268 0810 (out-of-hours: 0300 555 1373)

Email: [PortsmouthAdultMASH@portsmouthcc.gov.uk](mailto:PortsmouthAdultMASH@portsmouthcc.gov.uk)

**Ann Craft Trust** – Safeguarding adults advice helpline 0115 951 5400

<https://www.anncrafttrust.org>

**Mind**- provides advice and support to empower anyone experiencing a mental health problem.

<https://www.mind.org.uk/> Call Infoline: 0300 123 3393 Mon-Fri 9am-6pm

**NHS:** <https://www.england.nhs.uk/mental-health/adults/>

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## APPENDIX 1

### Further definitions of abuse

**Domestic Abuse:** Any incident or pattern of incidents of 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.

**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 adults at risk and, isolation, verbal assault, humiliation, blaming, controlling, intimidation or use of threats.

**Discriminatory Abuse:** Abuse or bullying because of discrimination occurs when motivated by a prejudice against certain people or groups of people. This may be because of an individual's age, disability, gender reassignment, marriage or civil partnership status, pregnancy and maternity, race, religion and belief, sex or sexual orientation' Actions may include unfair or less favourable treatment, culturally insensitive comments, insults and 'banter'

**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 practice 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 unlawful in another country.



**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

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

**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. By definition, it occurs among Children. When an adult is the victim, it may meet the definition of cyber harassment or cyberstalking.

**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.

**Extremism and 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 adults at risk for the purposes of involvement in extremist activity is a serious safeguarding issue.

**Organisational 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 as a result of the structure, policies, processes or practices in place.

**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.

**Exploitation:** A common feature in county lines drug supply is the exploitation of young and vulnerable people. The dealers will frequently target children and adults - often with mental health or addiction problems - to act as drug runners or move cash so they can stay under the radar of law



enforcement. Cuckooing is the practice where people take over a vulnerable person's home and use the property to facilitate exploitation.

**Mental health:** Mental health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make healthy choices. One in four adults experiences at least one diagnosable mental health problem in any given year. People in all walks of life can be affected and at any point in their lives.

NHS: <https://www.england.nhs.uk/mental-health/adults/>

## SIGNS AND INDICATORS OF ABUSE

### Physical Abuse Indicators:

- Injuries that are not explained satisfactorily or the person exhibiting 'untypical' self-harm
- Unexplained bruising to any part of the body, particularly collections of bruises which form a pattern which may correspond to the shape of an object or a person's hand
- Unexplained burns especially on 'unlikely' areas of the body, soles of the feet or palms of the hand
- Immersion burns. Rope burns and burns from an electrical appliance
- Unexplained fractures to any part of the body
- Unexplained cuts or scratches to mouth, lips, gums, eyes, or genitalia
- Medical problems that go unattended
- Person flinches at physical contact or indicates that someone has threatened them with physical harm
- Sudden or unexplained urinary or faecal incontinence
- Reluctance to undress or uncover parts of the body
- Person may appear afraid of or 'anxiously' try to avoid certain members of staff, family members or other people they know
- Injuries at different stages of healing
- Unexplained loss of hair in clumps

### Sexual Abuse Indicators:

- Person discloses fully or partially that sexual abuse is occurring or has occurred.
- Person has urinary tract infections or sexually transmitted diseases that are not otherwise explained
- Person appears unusually subdued, withdrawn, or has poor concentration
- Person appears reluctant to be alone with a person known to them

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- Person has unusual difficulty in walking or sitting
- Person experiences pain, itching or bleeding in genital or anal area
- Bruising to thighs or upper arms
- Bites on various parts of the body
- Person exhibits significant change in sexual behaviour or outlook
- Persons underclothing is torn, stained, or bloody
- A woman, who lacks the capacity to consent to sexual intercourse becomes pregnant

#### **Psychological Abuse Indicators:**

- Untypical ambivalence, deference, passivity, resignation
- Person appears anxious, withdrawn or fearful, especially in the presence of specific people
- Person appears to have a poor opinion of themselves
- Person appears to lack the opportunity to make choices or have adequate privacy
- Untypical changes in behaviour or routines of daily living
- Person appears isolated and deprived of social contact
- Person is unable to maintain eye contact having previously been able to

#### **Financial Abuse Indicators:**

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

#### **Neglect Indicators:**

- Person lives in accommodation which falls below minimum practical standards
- Person has inadequate heating and/or lighting
- Person's physical appearance or condition is poor
- Person appears to be malnourished or dehydrated
- Person is observed to be left in wet clothing





- Failure to obtain health services when the person is ill
- Person does not appear to be taking the prescribed medication
- Callers/visitors refused access to the person
- Person is exposed to unacceptable risks

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APPENDIX 2

**SAFEGUARDING REFERRAL FORM**

FOR REPORTING OF CONCERNS/DISCLOSURES BY STAFF, VOLUNTEERS, 3RD PARTIES AND CONTRACTORS EMPLOYED BY THE CLUB

<b>PERSON(S) WHOSE SAFETY AND/OR WELFARE THERE ARE CONCERNS ABOUT</b>	
Please provide known details of the alleged victim(s)/person(s) whose safety and/or welfare there are concerns about	
Forename and surname	
Date of birth/estimated age	
Relationship to the Club	
Address (if known)	
If a child, please add the parents name and contact number	
<b>DETAILS OF THE PERSON(S) WHOSE ACTIONS OR BEHAVIOUR THERE ARE CONCERNS ABOUT</b>	
Forename and surname	
Date of birth/estimated age	
Relationship to the Club (if applicable)	

<b>DETAILS OF THE DISCLOSURE, INCIDENT OR CONCERN</b>	
Name of the person reporting the concern	
Date	
Time	
Location	
Role at the club (if applicable)	
Who you are referring to (SSM or DSO details)	
Are any other agencies involved? Ie police, social services	
Signed and Dated	
<p style="text-align: center;"><b>Concern:</b></p> <ul style="list-style-type: none"> <li>• Please be clear which details are fact and which are speculation</li> <li>• Please include as much information as possible, clear, concise and relevant information</li> </ul>	



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**FOR COMPLETION BY SSM or DSO (where applicable)**

Follow up actions	
Signed and dated	
Position	

Approved By	Version	Issue date	Review date	Contact person
	1	June 2023	June 2024	Emma Smith- Senior Safeguarding Manager