

SAFER WORKING PRACTICE GUIDE





OUR GUIDE

This guidance provides simple and practical advice for all those working within Shrewsbury Town Football Club, Foundation and Academy, in relation to the safeguarding of young people and adults at risk. It raises awareness of illegal, unsafe, unprofessional, and unwise behaviour and should be distributed at induction to new staff (paid or voluntary), made available to all existing staff, and referred to within Club safeguarding policies, procedures and practices.

The guidance will also support our Club to create a culture of vigilance in relation to safeguarding and send a clear message that unacceptable behaviour will not be tolerated and that, where appropriate, legal or disciplinary action is likely to follow.

Whilst every attempt has been made to cover a wide range of situations, it is recognised that any guidance cannot cover all eventualities. Individuals who work with or on behalf of young people and/or adults at risk are expected to make judgements about their behaviour in order to secure the best interests and welfare of those in their care.

This guidance should be read and referred to alongside Our Club's safeguarding policies and procedures

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UNDERPINNING PRINCIPLES

The welfare of young people and adults at risk is paramount. The safeguarding of young people and adults at risk is everyone's responsibility. Young people and adults at risk should be treated with respect and their views and wishes valued

Staff should be aware of and understand the Club's safeguarding policies, arrangements for managing allegations against staff, staff behaviour policy, whistle blowing procedure and their Local Safeguarding Children Board (LSCB) procedures.

All staff have a responsibility to act on a suspicion or disclosure that may suggest an adult at risk or a child, is at risk of harm.



RELATIONSHIP OF TRUST

The Police, Crime Sentencing and Courts Bill has broadened the position of trust to include sport. It is against the law for someone in a position of trust to engage in sexual activity with a child in their care, even if that child is over the age of consent. This means that it is illegal to engage in sexual activity with any 16 or 17 year old if you hold a position of trust.

When an individual accepts a role that involves working or volunteering with children or adults at risk, he/she must understand and acknowledge the responsibilities and trust inherent in the role.

Due to the knowledge, position and authority required to fulfil the role and the groups they are working with these members of staff are in a relationship of trust.

A relationship of trust can be described as one in which one party has power and influence over the other by virtue of their work and the nature of the activity.

Staff and volunteers have a responsibility to ensure that an unequal balance of power is not used for personal advantage or gratification. Staff must always maintain professional boundaries. They should record and report an incident that causes concern in accordance with the Club's safeguarding policies and procedures.

Staff should not:

- Use the position to gain access to information relating to young people and/or adults at risk for their own or others advantage
- Use their power to intimidate, threaten, coerce or undermine children or adults at risk
- Use their status and standing to form or promote inappropriate relationships, professional boundaries must be maintained at all times





BEHAVIOUR OF STAFF AND VOLUNTEERS

This section aims to provide a framework of expected standards and behaviour to which all Staff and volunteers are expected to adhere. This is not an exhaustive list. Staff are expected to ensure that the safety and welfare of children and adults at risk is the primary consideration where no policy or guidelines exist.

Staff have a responsibility to maintain confidence in their suitability to work with children and adults at risk. Behaviour and actions that would lead any reasonable person to question motivation, intentions and suitability to work with these groups must be avoided.

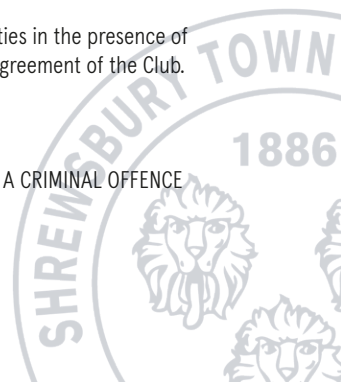
Staff are expected to:

- Familiarise themselves with the Club's safeguarding and related policies and procedures.
- Know who the Club Senior Safeguarding Manager and Designated Safeguarding Officers are and how to contact them.
- Ensure the safety of the children and adults at risk in their care.
- Always act in the best interests of children and adults at risk.
- Build balanced relationships with children and adults at risk based on mutual trust.
- Always maintain appropriate and professional boundaries.
- Treat children and adults at risk equally, with respect, dignity, and fairness.

- Ensure that the same professional standards are applied regardless of ethnic origin, colour, nationality, race, religion or belief, gender, sexual orientation, age or disability
- Respect the views, wishes and feelings of children and adults at risk.
- Recognise the developmental needs of Children and capacity of adults at risk.
- Help maintain an ethos whereby colleagues, partners, children/adults at risk and their parents/guardians and carers feel able to express any concerns comfortably and safe in the knowledge that effective action will be taken as appropriate.
- Promote an environment where poor practice is challenged and reported
- Ensure that all allegations, incidents and concerns pertaining to the safety and/ or welfare of children and adults at risk are recorded and acted upon in accordance with the Club's safeguarding policies, procedures and training.
- Encourage and demonstrate consistently high standards of behaviour and understand the types of behaviour that may call into question their suitability to work with children and/or adults at risk.
- Be aware that behaviour outside of work time may impact upon their suitability to work with children and/or adults at risk.
- Be aware that breaches of the law, the Club's safeguarding policies and this guidance may result in criminal and/or disciplinary action being taken against them.

Staff should never:

- Exercise favouritism or give excessive attention to children
- Use their position of power and influence to intimidate, threaten, coerce, exploit or undermine children and/or adults at risk.
- Use their status and standing to form or promote inappropriate relationships. Professional boundaries must be maintained at all times.
- Use their position to gain access to information relating to children and/or adults at risk for their own or others' advantage. Such information should only be used or shared to protect children and/or adults at risk and to meet their needs.
- Carry out their duties whilst under the influence of alcohol, solvents or drugs
- Engage in any sexual, betting, gambling or related activities or have discussions about such activities in the presence of children and/or adults at risk except in a clear educational context and with the knowledge and agreement of the Club.
- Never use Club equipment to access pornography.
- Access, make or distribute illegal or indecent content or images of children/adults at risk. THIS IS A CRIMINAL OFFENCE AND ANY BREACHES WILL BE REPORTED TO THE POLICE





CREATING A SAFE ENVIRONMENT

The health, safety and welfare of children and adults at risk should be a primary consideration during the planning, delivery and review of all Activities. The focus for such Activities should always be the safety, welfare and enjoyment of all involved.

Key considerations:

- Experience and suitability of the Staff involved.
- Assessing the suitability of partners and service providers and the adequacy of their safeguarding and safer recruitment policies and practice.
- Ensuring that contractual agreements address safeguarding and that all those involved understand their respective safeguarding responsibilities.
- Health, safety and safeguarding risks should be identified and mitigated. Risk management plans should be communicated.
- Safe travel and transport arrangements.
- Ensuring that accommodation is in a safe location, is safely managed, of good standard for security, hygiene and first aid.
- Emergency response procedures covering injury, illness, emergency evacuation, missing persons, local services and emergency contacts including emergency consular assistance details when abroad.
- Ensuring that there is adequate insurance cover in place.

- Consent for participation, emergency medical treatment and the use of images/footage.
- Appropriate supervision arrangements and ratios
- Ensuring that additional needs are carefully considered.
- Codes of conduct for participants, Staff, and spectators.
- Procedures for dealing with challenging behaviour and bullying.
- Security and measures to manage the behaviour of spectators.
- Safe dispersal procedures.
- Safe use of changing facilities.
- Staying safe online and use of social media.
- Giving children a voice.
- Personal care responsibilities for disabled players.
- Promoting and responding to player mental health.
- Code of conduct for parents.

This list is not exhaustive. Club managers must be given an opportunity to review and approve the health and safety and safeguarding arrangements for all Activities prior to delivery.





MAINTAINING PROFESSIONAL BOUNDARIES

Working with children and adults at risk may involve physical contact, such as medical intervention, responding to success or distress, preventing an injury or accident, sporting skills instruction or demonstrating the safe use of a piece of equipment. There may be some roles where physical contact is commonplace and/or a requirement of the role, particularly in sports science or medicine. These tasks should only be undertaken by properly trained and qualified practitioners. This guidance does not seek to replace the specific guidance and codes of practice developed for those professionals.

It is important to avoid making assumptions about whether children and adults at risk want any form of physical contact or not. Wherever possible and before initiating contact, Staff should seek the Child's or Adult at Risk's permission and explain the nature and reason for any physical contact. Staff should listen, observe and take note of the Child's or Adult at Risk's reaction and wishes. Staff should always follow Club policy and use their own professional judgement where no policy or guidance exists, whilst maintaining clear professional boundaries at all times.

Everybody is entitled to respect and privacy at all times, particularly when in a state of undress, changing clothes, showering or undertaking any form of personal care. Staff should not assist with personal care tasks that can be undertaken independently. Any such assistance should only ever take place in line with Club policy and an agreed care plan (Safeguarding Officers should refer to DBS guidance on adult barred list checks if personal care is required).

All supervision measures should be transparent, consistently applied and appropriate to the needs, age and capacity of children and adults at risk.

- Allowing or encouraging a relationship to develop in a way which might lead to a sexual relationship is unacceptable.
- Sexual activity does not just constitute physical contact. It may also include non-contact activities, such as causing children and/or adults at risk to engage in or watch sexual activity, or producing pornographic material.
- Engaging in sexual contact or an intimate relationship with a Child or Adult at Risk with whom a member of Staff comes into contact through their role (whatever the circumstances) will be considered to be a breach of trust, leading to a referral to the appropriate statutory and football authorities.

In all circumstances where a Child or Adult at Risk initiates inappropriate contact, it is the responsibility of the member of Staff to sensitively deter them and help them understand the importance of personal boundaries. Should such contact be initiated by a Child or Adult at Risk, then it must be recorded and reported to the Designated Safeguarding Officer (or a Safeguarding Manager in his/her absence). In addition, if a member of Staff believes that their own actions could be misinterpreted or if an action by another member of Staff is observed and considered to be inappropriate or possibly abusive, the incident and circumstances should also be recorded and reported.

All physical contact should:

- Be justified in terms of the Child's or Adult at Risk's needs.
- Be consistently applied and open to scrutiny.
- Take place in an open or public environment and not in secret or out of the sight of others
- Be of limited duration and appropriate to the age, stage of development, gender, ethnicity and background of the child and/or adult at risk.

This means that staff should:

- Ensure that physical contact is only used to meet the Child's or Adult at Risk's needs (for example as part of first aid treatment)
- Help maintain an ethos whereby children/adults at risk feel confident to voice concerns if any physical contact makes them feel uncomfortable or threatened.
- Never touch children/adults at risk in a way that may be considered indecent or inappropriate. Professional boundaries must be maintained at all times.





SELECTION PROCEDURES, REWARDS & GIFTS

Staff should exercise care when selecting children and/or adults at risk for Activities, privileges or rewards to avoid perceptions of favouritism or unfairness. Methods and criteria for selection should always be transparent and consistently applied.

Care should also be taken to ensure that Staff do not accept any gift that might be construed as a bribe by others or lead the giver to expect preferential treatment

BEHAVIOUR MANAGEMENT

Children and adults at risk have a right to be always treated with respect and dignity, even in circumstances where they display difficult or challenging behaviour. Only Club agreed reward criteria or methods, behaviour management strategies and sanctions/consequences should be implemented. Children and adults at risk must never be subject to any form of treatment that is harmful, abusive, humiliating or degrading

SUPERVISION & RATIOS

Staff are expected to provide appropriate supervision of children and adults at risk in their care at all times. The level of supervision required will vary between Activities.

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

- The age, needs and abilities of the children and adults at risk participating.
- The competence and experience of Staff involved.
- The nature and duration of the Activity.
- Risk assessments and/or intelligence identifying potential behavioural or other issues and risks.

There are required ratios of coaches to Academy Players in the EFL Youth Development Rules, however these are specifically in relation to coaching and may not be relevant to ensure appropriate levels of safety and supervision for other Activities.





LONE WORKING & ONE TO ONE SITUATIONS

A lone worker, for the purpose of this guidance, is defined as a member of Staff who is engaged in Activities which place them in a situation without direct contact with other Staff or without direct supervision. Lone working and one-to-one situations with children and/or adults at risk require additional safeguards to be put in place as they have the potential to make these groups more at risk of harm by those who seek to exploit their relationship of trust.

Under no circumstances should Staff visit children and/or adults at risk in their homes outside agreed work arrangements. Nor should Staff invite them to their own home or to that of a family member, colleague or friend.

Contact by whatever means and meetings with children/adults at risk outside agreed working arrangements should not take place without the knowledge and agreement of the Club and in the case of a Child, they should not take place without a parent/ guardian being present.

A risk assessment should be undertaken prior to any planned home visit taking place. The assessment should include an evaluation of any known factors regarding the child/adult at risk, parent/carers and any others living in the household. Consideration should be given to any circumstances which might render the staff member becoming more vulnerable to an allegation being made e.g. hostility, child protection concerns, complaints or grievances. Specific thought should be given to visits outside of 'office hours' or in remote or secluded locations. Following the assessment, appropriate risk management measures should be put in place, before the visit is undertaken. In the unlikely event that little or no information is available, visits should not be made alone.

Staff should:

- Ensure that social contact, lone working and home visits only take place with the knowledge and agreement of the Club.
- Adhere to the Club safeguarding policies and procedures, this guidance and any agreed risk management strategies.
- Work in an open and transparent way and avoid conduct which could raise concern.
- Conduct a risk assessment prior to the visit

TRANSPORT

It is inappropriate for Staff to offer lifts to children and/or adults at risk outside their normal working duties.

Any occasion where these groups require transport in an emergency situation, or where not to give a lift may place them in harm's way, should be recorded and reported to the Designated Safeguarding Officer.

This means that Staff should:

- Only transport children and/or adults at risk if it is part of their role and responsibilities.
- Ensure that they are fit to drive and free from any drugs, alcohol or medicine that is likely to impair their judgement and/or ability to drive.
- Ensure that all arrangements for vehicle, passenger and driver safety are in place including appropriate licence and insurance documents as per the Club's driving for work practices and procedures in accordance with HSE legislation and good practice
- Be aware that, while they are in their care, the safety and welfare of the Child/adult at risk is their responsibility.
- Ensure that their behaviour and that of passengers, is appropriate at all times.
- Ensure that emergency arrangements are justified, recorded and reported





EDUCATIONAL VISITS

All staff with responsibility for organising educational visits must familiarise themselves with the duties as outlined in relevant health and safety legislation and good practice guidance as well as the guidance produced by the EFL.

Health and Safety legislation imposes a duty to produce suitable and sufficient risk assessment, including the assessment of any risks to employees, children or others during an educational visit, and the measures to be taken to minimise these risks.

IMAGES & VIDEO FOOTAGE

Photography and video footage includes the taking of still photographs, filmed and moving images and video recordings by whatever means.

Staff should never take, display, or distribute images of children and/or adults at risk without their knowledge or consent (and parental/guardian consent in the case of a Child) and without the agreement and knowledge of the Club.

Carer consent is not required prior to taking images and/or video footage of Adults at Risk, however, care must be taken to ensure that the Adult at Risk understands the implications of the image being taken, especially if it is to be used for any publicity purposes or published in the media or on the internet.

The following should always be considered around issues of consent;

- Provision should be made for parent/carer or adult at risk to withdraw consent later
- In getting consent, it must be clear how the images/film will be used and how long they will be kept for.
- Encourage children over aged 13 to consent as well.
- Not to use tagging when photos or images are used on social media

COMMUNICATION

Communication with children and/or adults at risk, by whatever means, should take place within professional boundaries. This includes the wider use of technology, for example, mobile phones, emails and social media.

This means that Staff should:

- Only contact children and/or adults at risk for professional reasons and with the knowledge and agreement of the Club.
- Be circumspect in their communications with children and/or adults at risk to avoid any misinterpretation of their motives or behaviour.
- Never share any personal information with and never request any personal information from Vulnerable Groups.

The Club should be aware of all personal data processed and therefore the use of personal mobile phones and devices for work purposes is considered poor practice.

The use of private/closed group and personal social media applications (such as WhatsApp) to communicate with children and/or adults at risk should not be permitted by the Club and outlined in the Club's Acceptable Use of IT policy/Staff Code of Conduct. If these methods of communication are to be used then the Club must provide oversight of all groups via Club Safeguarding officers.





FIRST AID AND ADMINISTRATION OF MEDICATION

When administering first aid, Staff should ensure that another adult is aware of the action being taken wherever possible. Staff should understand the extent and limitations of their role and should recognise when an injury requires more experienced intervention.

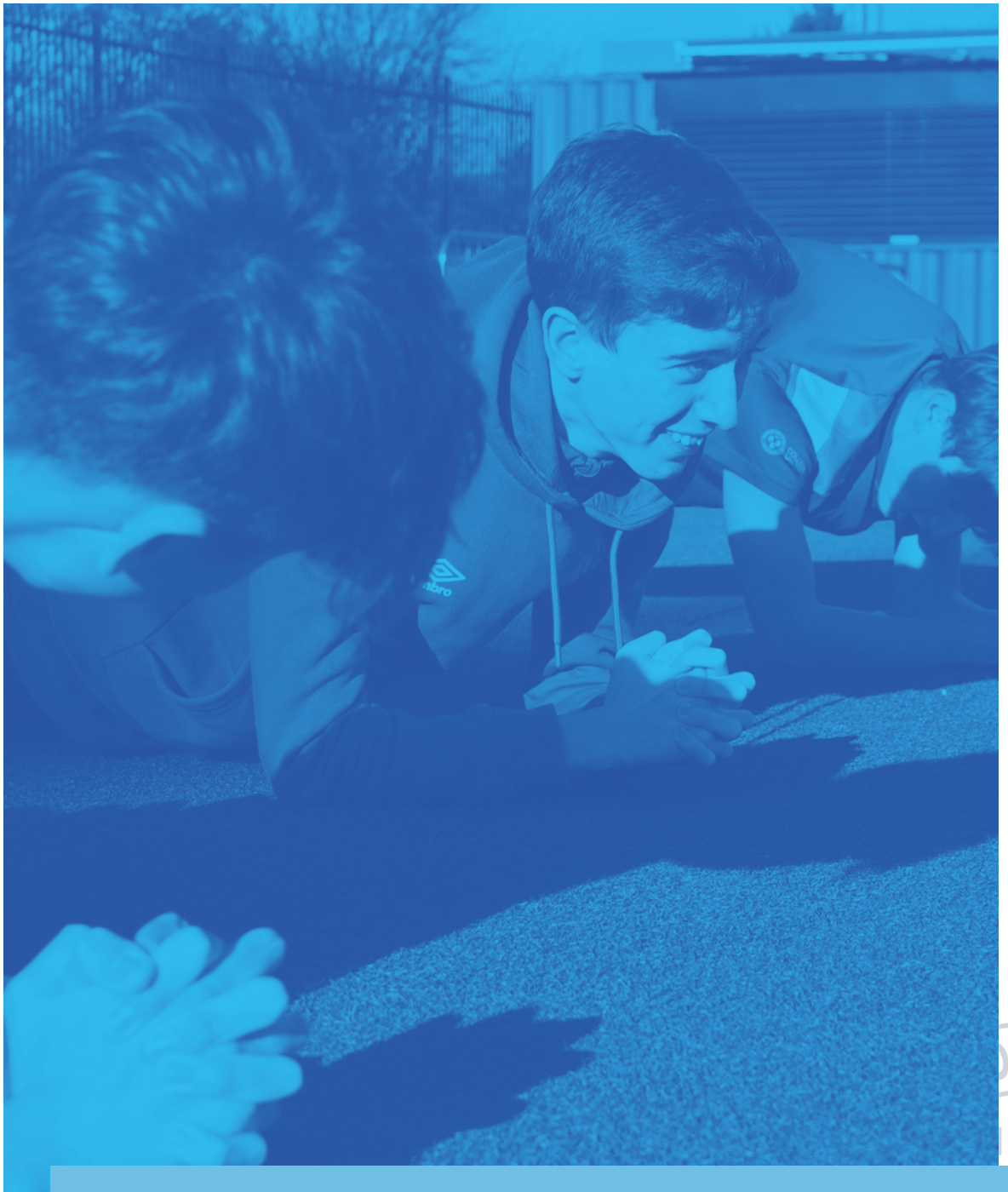
In circumstances where a Child or Adult at Risk needs medication regularly, a health care plan should be established to ensure the safety and protection of Vulnerable Groups and the Staff who are working with them.

Children: Parents/guardians should be informed when first aid has been administered.

Adults at Risk: Carers may be informed, where appropriate, with the consent of the Adult at Risk.

This means that Staff should:

- Always act in the best interests of the child/adult at risk.
- Record any administration of first aid or medication.
- Have regard to any health care plan which is in place.



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DEFINITIONS OF ABUSE

Physical abuse: Any deliberate act causing injury or trauma to another person, for example, hitting, slapping, pushing, kicking, burning, giving a person medicine that they do not need and/or that may harm them or application of inappropriate restraint measures.

Emotional abuse: Any act or other treatment which may cause emotional damage and undermine a person's sense of well-being, including persistent criticism, denigration or putting unrealistic expectations on vulnerable groups, isolation, verbal assault, humiliation, blaming, controlling, intimidation or use of threats.

Sexual abuse: Any act which results in the exploitation of children and adults at risk, whether with their consent or not, for the purpose of sexual or erotic gratification. This may be by an adult or by a young person who is intellectually, emotionally, physically, or sexually more mature than the victim. This includes non-contact activities, such as indecent exposure, involving children or adults at risk in witnessing sexual acts, looking at sexual images/pornography or grooming them in preparation for abuse (including via the internet). Whilst legally Children aged sixteen have reached the age of consent for sexual activity, it is unacceptable for any member of Staff to abuse their relationship of trust for sexual gratification.

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

Peer-on-peer abuse: All staff should be aware that children can abuse other children (often referred to as peer on peer abuse). This is most likely to include , but may not be limited to:

- Bullying (including cyberbullying)
- Physical abuse such as hitting, kicking, shaking, biting, hair pulling, or otherwise causing physical harm;
- Sexual violence, such as rape, assault by penetration and sexual assault.
- Sexual harassment, such as sexual comments, remarks, jokes and online sexual harassment, which may be stand-alone or part of a broader pattern of abuse.
- Upskirting, typically involves taking a picture under a persons clothing without them knowing, with the intention of viewing their genitals or buttocks to obtain sexual gratification, or cause the victim humiliation, distress or alarm.
- Sexting (also known as youth produced sexual imagery); and
- Initiation/hazing type violence and rituals.

Guidance on how child on child sexual violence and sexual harassment can be managed is available here: <https://www.gov.uk/government/publications/sexual-violence-and-sexual-harassment-between-children-in-schools-and-colleges>

This guidance includes information on what sexual violence and sexual harassment look like, important context to be aware of, related legal responsibilities for schools and colleges and advice on a whole school or college approach to preventing child on child sexual violence and sexual harassment.

Neglect: Ongoing failure to meet the basic needs of children and/or adults at risk. Neglect may involve; failing to provide adequate food, shelter including exclusion from home or abandonment, failing to protect them from physical and emotional harm or danger, or the failing to ensure access to appropriate medical care or treatment. It may also include neglect of or unresponsiveness to, basic emotional needs.

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

Grooming: Grooming is defined as developing the trust of an individual and/or their family for the purposes of sexual abuse, sexual exploitation, or trafficking. Grooming can happen both online and in person. It is important to remember that someone can groom an organisation for the purpose of sexual abuse. This has been evidenced in recent high-profile cases. An appropriate awareness of grooming behaviour patterns presents a significant opportunity to prevent abuse.

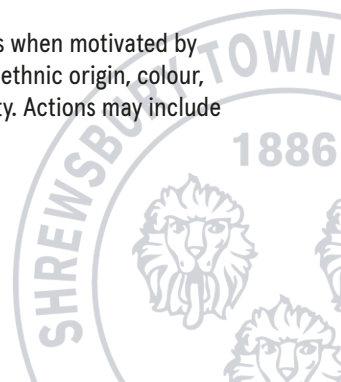
Radicalisation: The process by which a person comes to support terrorism and forms of extremism leading to terrorism. Anybody from any background can become radicalised. The grooming of children and/or adults at risk for the purposes of involvement in extremist activity is a serious safeguarding issue.

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

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

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

Bullying as a result of any form of discrimination: 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 ethnic origin, colour, nationality, race, religion or belief, gender, gender reassignment, sexual orientation or disability. Actions may include unfair or less favourable treatment, culturally insensitive comments, insults and 'banter'.



Poor practice: This is behaviour that falls short of abuse but is nevertheless unacceptable. It is essential that poor practice is challenged and reported even where there is a belief that the motives of an individual are well meaning. Failure to challenge poor practice can lead to an environment where abuse is more likely to remain unnoticed. Incidents of poor practice occur when the needs of the child and/or adult at risk are not afforded the necessary priority compromising their welfare, for example, allowing abusive or concerning practices to go unreported, placing them in potentially compromising and uncomfortable situations, failing to ensure their safety, ignoring health and safety guidelines, giving continued and unnecessary preferential treatment to individuals.

Hazing: Any rituals, initiation activities, action or situation, with or without consent, which recklessly, intentionally or unintentionally endangers the physical or emotional well-being of Vulnerable Groups

Infatuations: Vulnerable Groups may develop an infatuation with a member of Staff who works with them. Such situations should be handled sensitively to maintain the dignity and safety of all concerned. Staff should be aware, that in such circumstances, there is a high risk that words or actions may be misinterpreted and that allegations could be made against Staff. Staff should therefore ensure that their own behaviour is above reproach. A member of Staff who becomes aware that a Child or Adult at Risk may be infatuated with him/ her, or with a colleague, should discuss this at the earliest opportunity with the Club Designated Safeguarding Officer (or the Club Senior Safeguarding Manager in his/her absence).

Domestic violence: 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. The concept of 'honour' is for some communities deemed to be extremely important. To compromise a family's 'honour' is to bring dishonour and shame and this can have severe consequences. The punishment for bringing dishonour can be emotional abuse, physical abuse, family disownment and in some cases even murder.

In most honour-based abuse cases there are multiple perpetrators from the immediate family, sometimes the extended family and occasionally the community at large.

Fabricated or induced illness: Fabricated or Induced Illness is easiest understood as illness in a child which is fabricated by a parent or person in loco parentis. The child is often presented for medical assessment and care, usually persistently, often resulting in multiple medical procedures. Acute symptoms and signs of illness cease when the child is separated from the perpetrator.

Forced Marriage: A marriage in which one or both spouses do not (or in the case of some adults with learning or physical disabilities or children, cannot) consent to the marriage and duress is involved. Duress can include physical, psychological, financial and sexual pressure. A Forced Marriage is different from an arranged marriage, which is a marriage entered into freely by both parties, although their families take a leading role in the choice of partner. The Anti-social Behaviour, Crime and Policing Act 2014 made it a criminal offence (which can result in a sentence of up to 7 years in prison) to force someone to marry.

Private fostering: A privately fostered child is a child under 16 (or 18 if disabled) who is cared for by an adult who is not a parent or close relative where the child is to be cared for in that home for 28 days or more. Close relative is defined as “a grandparent, brother, sister, uncle or aunt (whether of the full blood or half blood or by marriage or civil partnership) or step-parent”. A child who is Looked After by a local authority or placed in a children’s home, hospital or school is excluded from the definition. In a private fostering arrangement, the parent still holds Parental Responsibility and agrees the arrangement with the private foster carer. A child (as per definition above) placed with a host family for 28 days or more is in a private fostering arrangement and therefore Clubs with host families should inform and work with their local authority ensuring that they meet legislative and local procedural requirements.

County Lines: County lines is a term used to describe gangs and organised criminal networks involved in exporting illegal drugs into one or more importing areas within the UK, using dedicated mobile phone lines or other form of “deal line”. They are likely to exploit children and adults at risk to move and store the drugs and money and they will often use coercion, intimidation, violence (including sexual violence) and weapons. Child Criminal Exploitation is common in county lines and occurs where an individual or group takes advantage of an imbalance of power to coerce, control, manipulate or deceive a child or young person under the age of 18. The victim may have been criminally exploited even if the activity appears consensual. Child Criminal Exploitation does not always involve physical contact; it can also occur through the use of technology. Criminal exploitation of children is broader than just county lines, and includes for instance children forced to work on cannabis farms or to commit theft



ABUSE SPECIFIC TO ADULTS AT RISK

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

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

Coercive control: Coercive or controlling behaviour does not relate to a single incident, it is a purposeful pattern of incidents that occur over time in order for one individual to exert power, control or coercion over another. For example, restricting access to money, restricting movements, isolating the victim from family and friends, intercepting messages or phone calls.

Modern slavery: Encompasses slavery, human trafficking, and 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.

Trafficking: The United Nations (UN) defines Trafficking in people as: the recruitment, transportation, transfer, harbouring or receipt of persons, by means of the threat or use of force or other forms of coercion, or abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments of benefits to achieve the consent of a person having control over another person, for the purposes of exploitation. Exploitation shall include, at a minimum, the exploitation of the prostitution of others or other forms of sexual exploitation, forced labour or services, slavery or practices similar to slavery, servitude or the removal of organs. The recruitment, transportation, transfer, harbouring or receipt of a child for the purpose of exploitation shall be considered 'trafficking in persons' even if this does not involve any of the means as set out above.

Organisational: Neglect and poor care practice within an institution or specific care setting such as a hospital, care home or where care is provided within an Adult at Risk'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 or practices within an organisation.

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

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

Discriminatory Abuse: Unequal treatment based on the protected characteristics of age, disability, gender, reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex and sexual orientation. This can be the form of verbal abuse, derogatory remarks or inappropriate use of language, denying access to communication aids, not allowing access to an interpreter, signer or lip-reader, harassment or deliberate exclusion, denying basic rights to healthcare, education, employment and criminal justice and substandard provision.





DEALING WITH A DISCLOSURE

Research has shown that barriers that can prevent children from sharing what is happening to them, can be due to the positions of power held by significant adults, parents' expectations, the pressure to succeed, loyalty etc. We must frequently communicate to children about what to do if they feel unsafe at any time and whom they can turn to. When a Child or Adult at Risk discloses that he or she has been abused or is at risk of abuse, Staff must ensure that the Child or Adult at Risk's immediate needs are met and prioritise their safety and protection from further abuse above all else. It is important to remember that, while it is a member of Staff's responsibility to be a supportive listener and to refer the information, it is not their role to counsel the Child or Adult at Risk or to investigate their claims.

Staff are, however, expected to act in the best interests of Vulnerable Groups at all times.

Staff should:

- Listen and remember that their role is supportive rather than investigative.
- Allow the person disclosing to lead the discussion, to talk freely and at their own pace.
- Limit any questioning to the minimum necessary to seek clarification only.
- Put their own feelings aside and avoid expressing their views on the matter.
- Provide reassurance that the person disclosing is being taken seriously and that they are doing the right thing by disclosing.
- Be mindful that if physical abuse has taken place, they may observe visible bruises and marks, however they should not ask the person disclosing to remove or adjust their clothing to observe them.

- Ensure that the Child's or Adult at Risk's immediate needs are met and that the priority is their safety and protection from further risk of harm.
- Explain to the person disclosing what action they will be taking and that they will support them through the process.
- Always act in the best interests of Vulnerable Groups and seek advice from the Club Designated Safeguarding Officer (or the Club Senior Safeguarding Manager in his/her absence) if in any doubt about sharing information.

Staff should not:

- Make ambitious promises or promise confidentiality.
- Seek details beyond those the person disclosing willingly discloses.
- Document the conversation while the person is disclosing. This should be done as soon as possible after the disclosure has been made.
- Ask leading questions.
- Name behaviour and/or body parts in language different to that used by the person disclosing.
- Give the impression that the person disclosing is to blame.
- Approach the alleged abuser or person whose conduct there are concerns about.

A disclosure is not the only way that Staff may be made aware of a safeguarding concern. Staff should immediately contact the Club Designated Safeguarding Officer (or the Club Senior Safeguarding Manager in his/her absence) if they witness an incident or come upon information that causes concern or puts Vulnerable Groups at risk of harm





RECORDING & REPORTING DISCLOSURES & OTHER CONCERNS

All safeguarding concerns and disclosures must always be taken seriously, and every effort should be made to ensure that confidentiality is maintained for all concerned when dealing with a disclosure or a safeguarding concern. It is important to ensure that information is handled and shared on a 'need to know basis' only. Those who need to know are those who have a role to play in protecting the Child or Adult at Risk and others who may be at risk, for example:

- Staff with operational responsibility for safeguarding, for example, the Club Designated Safeguarding Officer and the Senior Safeguarding Manager.
- Statutory authorities (Police and Local Authorities).

It is important to note that the Data Protection Act 2018, contains guidance on the sharing of information with the statutory authorities of a safeguarding nature. It outlines circumstances in which information can be shared without consent, when a) it cannot be given, b) it cannot be reasonably expected that a practitioner obtains consent or c) if to gain consent would place the vulnerable child or adult at risk).

Further guidance can be found at: Working together to safeguard children - GOV.UK (www.gov.uk)

- The DBS who help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups.
- Football authorities (The FA and EFL).

Any member of Staff may make a referral themselves directly to statutory and/ or football authorities, particularly if they are concerned about a Child's or Adult at Risk's immediate safety, if they are having difficulty contacting the Club's designated safeguarding Staff or if they are concerned that a disclosure or information about a safeguarding concern has not been acted upon appropriately. The Club Designated Safeguarding Officer (or Senior Safeguarding Manager in his/her absence) must be notified immediately after contacting a statutory authority or emergency services.

It is vital that clear and concise notes are made at the time of the concern or soon after a disclosure is made to support the completion of a more detailed record later. If the Club's referral form (MY CONCERN) cannot be accessed when dealing with a disclosure or safeguarding concern, a written record should include the following information wherever possible and should be later recorded onto MYCONCERN as soon as and in any case within 24 hours:

- The date and time of 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 date and time 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 later, 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 a disclosure or safeguarding concern may have an impact on the well-being of those involved. It is important that anyone affected seeks help if they feel that they need support.

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