



SAFEGUARDING CHILDREN, YOUNG PEOPLE & VULNERABLE ADULTS POLICY

July 2020

Full Review date: July 2022 – This is a live document & can be updated at anytime



Principles

Solihull Moors Football Club CIC ("the club") is committed to safeguarding and protecting children and young people and fully accepts its responsibility for the safety and welfare of all children, and young people, who engage with the club. Simple flowcharts on how to respond to a safeguarding concern and what constitutes abuse and neglect can be found in Appendices 1, 2, 3 and 4. The welfare of children, and young people, is of paramount importance, and all children and young people, have a right to be protected from abuse, regardless of their gender, race, disability, sexual orientation, religion, belief, or age. Through the application of policy, procedures and best practice, the club promotes the safety, welfare and well-being of all children and young people enabling them to participate in any club activity in an enjoyable, safe, inclusive, and child-centred environment. This equally applies to the safety and security of those working with and who are responsible for the activities involving children and young people. Employees, workers, consultants, agency staff and volunteers who come into contact with children and young people, in club related activities, should be positive role models, and display high moral and ethical standards in line with the club's vision and values. This Policy and Procedures is compliant with legislation including but not limited to the Children Acts 1989 and 2004, statutory guidance such as Working Together to Safeguard Children 2015 and governing body rules and regulations including the FA Premier League Rules and FA Regulations.

This Policy and Procedure should be read in conjunction with related club policies and procedures, a list of which are available in Appendix 5.

The COVID-19 Risk Assessment can be found in Appendix 9.

Important Contact information can be found in Appendix 10

Scope

This Policy is for use across the club, and is to be observed by all those working, and coming into contact with children, and young people to ensure best practice in safeguarding is promoted and adhered to.

Activities undertaken at the following locations/departments are under the remit of this policy including:

- Solihull Moors First Team + Football & Education training ground (The SportNation.Bet Stadium & Tudor Grange Kingshurst Academy).
- Solihull Moors Football Club.
- Solihull Moors Soccer Schools.
- Solihull Moors Schools Program.
- Solihull Moors Ability Counts Section:
- Community Moors.
- The SportNation.Bet Stadium.
- Solihull Moors Tiny Tekkers.
- Solihull Moors Retail.
- Travel, Events and Supporter Liaison.
- Youth Development (Tally Ho, John Henry Newman Catholic College, Solihull Sports Centre, Edenbridge Playing Fields, Wyre Forest Leisure Centre, Tudor Grange Kingshurst Academy, Land Rover Sports & Social Club, Fox Hollies Leisure Centre, Yardley Fives Centre).
- Other club related entities/activities undertaken outside of the UK.

All employees and workers are made aware of the Policy and Procedures through induction and where appropriate their work with children and young people will be supported by a comprehensive on-going safeguarding training programme.



Definition of a Child

A child or young person is defined as anyone up to their 18th birthday.

Children Act 1989

Safeguarding children and young people are defined as:

- Protecting children and young people from maltreatment.
- Preventing impairment of children or young peoples' health or development.
- Ensuring that children and young people are growing up in circumstances consistent with the provision of safe and effective care; and
- Taking action to enable all children and young people to have the best life chances.

Working Together to Safeguard Children 2015

Recruitment and Disclosure

As part of the club's recruitment and selection process, offers of work for positions which come into contact with children, and young people are subject to a satisfactory self-declaration, and a criminal record check (CRC), now called a DBS (Disclosure Barring Service) as relevant, CV checks, appropriate references, right to work in the UK checks and a qualification check, if applicable. All offers of work are subject to a satisfactory outcome to the rigorous screening process, and until such time that all background checks are deemed as acceptable by the club, the person concerned is not permitted to commence work.

All employees, workers, consultants, agency staff and volunteers in a position of trust are required to undergo regular DBS Checks, normally every three years or earlier if required.

Should any person's DBS reveal any cautions, convictions, community resolutions, warnings, or final reprimands, the club will consider whether the nature of the offence/offences renders the person concerned, unsuitable for working with children and young people. In such circumstances, when the nature of any disclosure must be considered, a risk assessment is carried out, to evaluate the information contained within the disclosure certificate. The person may also be required to attend a risk assessment meeting with a Head of Department (HoD) and/or a member of the club's Safeguarding Team, prior to a recruitment decision being made.

All new employees, workers, consultants, agency staff and volunteers working with children and young people at the club are required to complete a self-declaration on commencement of duties.

When the club uses suppliers or agencies to undertake its work, they are being subject to rigorous vetting, and safeguarding checks and required to adhere to the club's policy and procedures as set out in their contracts or service level agreements where relevant.

When the club engages with schools and organisations in connection with child, or young people related activities, where appropriate the club writes to the school, or organisation to state the club's policy and procedures in relation to DBS checks and safe recruitment. The club only discloses the name, date of birth, disclosure and issue numbers of the employees, workers, consultants, agency staff or volunteers DBS checks. Disclosure information in relation to checks will not be divulged. Schools and organisations are required to comply with the club's safeguarding arrangements as set out in contracts and/or service level agreements.



Induction and training

During the induction process, employees who work with, or come into contact with children, and young people, are required to attend the club's safeguarding and protection training, along with The FA safeguarding practice training. Employees also receive a copy of this Policy and Procedures as well as other club policies and are required to sign an acknowledgement that they have read and agree to abide by them.

Workers, consultants, agency staff and volunteers, who have roles that work with, or come into contact with, children and young people undertake club & The FA training. They also receive copies of the club's Safeguarding Policies and Procedures and are expected to read and abide by them as set out in their Agreements.

Refresher safeguarding training is provided & available online also every three years or earlier as required.

Roles and responsibilities

The club has a comprehensive safeguarding structure, which ensures the safety and welfare of all children, and young people, who engage with the club. For the purpose of this Policy and Procedure, the Safeguarding Team consists of; the Club Welfare Officer, Safeguarding Committee and Safeguarding Administrator.

Chief Executive Officer (CEO) is responsible for all aspects of the club and to ensure safeguarding is a key priority at Board Level.

Club Director (CD) is responsible for providing club-wide strategic leadership that assists the club to deliver the safeguarding strategy, vision, values, priorities, policies, promoting the welfare of vulnerable groups, communicating at Director and Heads of Department level.

Club Welfare Officer (CWO) is responsible for the strategic and operational direction and embedding safeguarding across the club. The Club Welfare Officer is also lead point of contact should safeguarding concerns arise and the Lead Disclosure Officer.

Safeguarding Team (ST) is responsible for all operational aspects and embedding safeguarding in all of the football related areas as well as being the lead point of contact in all those areas.

Head of Department (HoD) are responsible for embedding safeguarding within their own departments as well as being the point of contact should a concern arise within their own departments.

Safeguarding Administrator (SA) is responsible for ensuring all vetting checks including criminal record checks adhere to the club's Recruitment Policy as well as legislation and governing body rules.

Employees, workers, agency staff, consultants and volunteers are responsible for familiarising themselves with the club's policy and procedures, ensuring the safety and welfare of all children and young people as well as promoting best practice and creating a safe and inclusive environment to prevent harm occurring through awareness of what constitutes abuse and neglect.



Abuse and neglect

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

There are 4 main recognised categories of abuse as defined in Working Together to Safeguard Children 2015:

1. Physical abuse.
2. Sexual abuse.
3. Emotional abuse (includes bullying); and
4. Neglect.

However, a full description of each (& additional) category of abuse and neglect can be found in Appendix 4.

Children and young people may be at additional risk of abuse and neglect through some of the additional vulnerabilities they may face.

Additional vulnerabilities

If children and young people have additional vulnerabilities when engaging with the club, further safeguards may need to be put in place to reduce the potential risk of abuse and neglect.



Radicalisation and extremism

Radicalisation and extremism of children and young people are a form of emotional abuse. HM Government states that, the aim of radicalisation is to attract children and young people to an extremist ideology. In many cases it is with a view to inspiring children and young people eventually to become involved with harmful or terrorist activities. Radicalisation can take place through direct personal contact, or indirectly through social media. Extremism is defined as vocal or active opposition to fundamental British values including democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs.

Looked after children and young people

Looked after (such as those living in foster care) children and young people may be especially vulnerable to abuse and neglect for a number of reasons:

- Experienced abuse and neglect previously.
- Living with people who are not their immediate family or friends.
- Less support networks; and
- Stigma for being in care.

Online world

Although the online world provides many benefits to children and young people, there are also several potential associated risks:

- Inappropriate language or images.
- Online grooming.
- Cyberbullying.
- Sexting.

Further information about the online risks is contained in the club's Safeguarding Social Media Policy and Procedures.



Deaf and disabled children and young people

The Equality Act (2010) defines a person as disabled, if they have a physical, or mental impairment, which has a substantial and long term (has lasted or is expected to last at least 12 months), adverse effect on one's ability to carry out normal day-to-day activities. This definition includes conditions such as cancer, HIV, mental illness, and learning disabilities.

Deaf and disabled children and young people may be vulnerable to abuse for several reasons:

- Increased likelihood of social isolation.
- Dependency on others for practical assistance in daily living (including intimate care).
- Impaired capacity to resist, avoid or understand abuse.
- Speech and language communication needs may make it difficult to tell others what is happening.
- Limited access to someone to disclose to; and
- Vulnerability to bullying.

Children and young people with disabilities may also feel less valued than his/her peers and poor care may be observed but tolerated by others. This might include such things as not speaking directly to the child or young person; not offering choices; not moving and handling them safely; not respecting his/her privacy and dignity; not treating him/her according to his/her age; allowing physical restraint to occur; or using derogatory language.

There is no single route to ensure that children and young people are protected, especially those with additional vulnerabilities. However, the safest environments are those that help children and young people, to protect themselves, by helping them to speak out and do their best to stop any abuse, and neglect from happening, and take responsibility for observing, challenging and reporting any poor practice and suspected abuse and neglect.

Safe environments for children and young people with additional vulnerabilities are also safer for all children and young people.

Use of photography and film

All images are taken by club photographers who have been briefed by a club's Head of Department, or by a member of the Communications and Marketing Department responsible for the activity being photographed or filmed, in an appropriate way and manner. Where appropriate and possible, parent/carer consent is sought in writing at the start of the season or prior to an event via the Club's Membership form. The club adhere to the following principles when using photography or film:

- All children or young people featured in club publications are appropriately dressed.
- Where possible, the image will focus on the activity taking place and not a specific child or young person.
- Where appropriate, images represent the broad range of people participating safely in the event.
- Designated club photographers will, where applicable, undertake a DBS check and attend the club's and FA Safeguarding workshop and in any case will be personally responsible for keeping up to date with the latest guidelines on the 'Use of Images' policies from The FA. Club identification is worn at all times.
- Children or young people who are the subject of a court order, will not have his/her images published in any club document.
 - This should be reflected in a ticked consent box or other way on the Club Membership Form.
- No images of children or young people featured in club publications are accompanied by personal details such as his/her home address.
- Recordings of children and young people for the purposes of legitimate coaching aids are only filmed by club officials and are stored safely and securely at the club's premises.
- Any instances of inappropriate images in football should be reported to a HoD or the club's Safeguarding Team.
- The club does not put young players under the age of 16 in profiles, nor personal information on its website.



Good practice and code of conduct

To ensure all children and young people have the most positive and safe experience when engaging with the club, all employees, workers, consultants, agency staff and volunteers, should adhere to the following principles and action (to ensure they role model positive behaviours and so reduce the risk of allegations, abuse and neglect occurring):

- Listen carefully to children and young people about his/her needs, wishes, ideas and concerns and take them seriously.
- Treat all children and young people equally not showing favouritism.
- Always work in an open environment (e.g. avoiding private or unobserved situations and encouraging open communication with no secrets).
- Make the experience of the activity fun and enjoyable.
- Promote fairness, confront, and deal with bullying.
- Maintain a safe and appropriate distance with children and young people and avoid unnecessary physical contact.
- Where any form of manual/physical support is required, it should be provided openly, and with the consent of the child or young person.
- If children, and young people must be supervised in changing rooms, always ensure coaches etc. work in pairs.
- Request written consent, if the club are required to transport children and young people using the club's Multi-Use Consent Form (Appendix 6) for any activities, events, or significant travel arrangements e.g. overnight stays.
 - All overnight stays/visits must be authorised by the Club Welfare Officer.
- Employees and workers should maintain their qualifications and continued professional development (Commonly referred to as CPD);
- A qualified first aider is in attendance or readily available.
- Maintain appropriate professional relationships with children and young people, including only engaging with them online with prior approval and through the club's social media channels.
- On trips, ensure that adults should not enter a child or young person's room, unless there is a safety concern, in which case two adults should enter and should not invite children or young people into their rooms.
- Be a good role model, this includes not swearing, smoking, or drinking alcohol in the company of children and young people.
- Always give enthusiastic and constructive feedback rather than negative criticism.
- Promote the club's vision and values and be an ambassador for those values.
- Ensure children and young people adhere to his/her relevant Code of Conduct.
- Secure written consent for the club to administer emergency first aid or other medical treatment if the need arises.
 - In addition, COVID-19 Risk assessment must be followed in administering all Emergency Aid.
 - Keep a written record of any incident or injury that occurs, along with details of any treatment given or action taken using the club's Accident and Incident Report Form (Appendix 7).
- Reward effort as well as performance.
- Challenge unacceptable or inappropriate behaviour.
- Encourage children and young people to take responsibility for his/her own behaviour and performance.
- Recording safeguarding concerns on the Safeguarding Concern Form (Appendix 8).

This list is not exhaustive



Unacceptable practice

The following are regarded as poor practice and should be avoided by all employees, workers, consultants, agency staff and volunteers:

- Unnecessarily spending excessive amounts of time individually with a child or young person away from others.
- Being alone in changing rooms, toilet facilities or showers used by children and young people.
- Taking children and young people alone in a car, or journey. Written consent must be sought from the club's Safeguarding Team for emergency situations.
- Taking children and young people to your home or places where they will be alone with you.
- Sharing a room with children and young people.
- Engaging in rough, physical, or sexually provocative games, including horseplay.
- Allowing or engaging in inappropriate touching of any form.
- Allowing children and young people to use inappropriate language unchallenged.
- Making sexually suggestive comments to children and young people, even in fun.
- Reducing children and young people to tears as a form of control.
- Allowing allegations made by children and young people to go unchallenged, unrecorded, or not acted upon.
- Doing things of a personal nature that children and young people can do for themselves.
- Not recording safeguarding concerns on the Safeguarding Concern Form (SCF).
- Sending inappropriate text messages or social media messages to children and young people.
- Having children or young people engaged with the club employees, or volunteers, as 'friends' or 'followers' within social networking sites such as Facebook, Twitter, Snapchat, Instagram & TikTok.
- Engaging with children and young people on 'one to one' personal electronic communications.

Searching children and young people

To ensure the safety and security for all club activities, all children and young people may be subject to the club's search process. Children and young people are asked to self-search as the preferred method; however, should the club suspect that the child or young person may be concealing a prohibited item, consent will be sought from their parent/carer before a Steward or Security member of the same sex who is being observed by a Supervisor searches the child.

Lost or missing children and young people

During club activities every effort is made to ensure children and young people remain with their parents/carers or the activity leaders. Should a child or young person become lost or go missing during a club activity every effort will be made to locate the child or young person as quickly as possible. Should a child or young person not be located within a reasonable timeframe, contact will be made with their parents/carers and the police to file a missing child/young person's report.

Children and young people who are not picked up on time

All parents and carers should collect their child or young person on time, in line with the instructions given by the club. Should the child or young person not be collected on time a minimum of two appropriate adults will wait at the venue until the parent or carer arrives. Should the child or young person not be picked up at all, a club employee or worker will contact the HOD or the club's Safeguarding Team. Should sufficiently time pass, the club may contact the police and/or children's services to take care of the child or young person until their parent or carer is contacted.



Risk assessments

For all club activities including, trips, tours, events and activities, thorough risk assessments are completed to identify and minimise potential risks. The club's Health and Safety Policy outlines the process to undertake, when completing risk assessments as well as how to capture information regarding accidents and incidents and how the club learns from such matters.

Where a child, or young person is involved in a trip, activity or event, a risk assessment must take account of his/her vulnerabilities whilst in the club's care. The risk assessment will set out what arrangements are in place for his/her care and supervision and how risks will be minimised.

Activity leaders will be required to continually monitor and amend the controls within the risk assessments whilst leading such activities.

The Covid-19 Risk Assessment is also attached as per Appendix 9.

Supervision of children and young people

The club adheres to best practise guidance set out by the FA in relation to the supervision of adults to children/young people. Generally, there should always be a minimum of two adults and an adult to child/young person ratio of:

- 0 – 7 years of age, one adult to every ten children.
- 8 – 17 years of age, one adult to every sixteen children/young people.

Activities may require an adult to child/young person ratios due to:

- Age needs and ability of children and young people.
- Nature of the activity and environment.
- Risk assessments or intelligence information identifying potential behavioural or other issues.
- Expertise and experience of the staff involved.
- Mixed gender children and young people activities will require adults of both genders to supervise where possible.

Should the ratio not be suitable, the club's Safeguarding and Health and Safety Managers decide whether the activity or event takes place.

Working with external partners

The club always ensures external partners and organisations we engage with promote the safety and welfare of children and young people and this is outlined in contracts and/or service level agreements. External partners and organisations are required to demonstrate competencies in safeguarding, and the club assesses this through its own safeguarding audits. Where organisations do not have their own satisfactory safeguarding arrangements, they will be expected to comply with the club's standards.

Referrals

If the club has safeguarding concerns in relation to a child, young person, or their parents/carers, the club may refer these concerns to external agencies. External agencies include, but are not limited to children's social care, adult social care, the police, health agencies, & The FA (Appendices 1, 2 and 3).



Confidentiality

Every effort should be made to ensure that confidentiality of safeguarding cases is maintained for all concerned. Information should be handled and disseminated on a need to know basis only which would not normally include anyone other than the following:

- The Safeguarding Team and Director.
- The child, or young person, or the person raising the concern.
- The employee, worker, consultant, agency staff or volunteer who received the concern or disclosure.
- The parents/carers of the child or young person who is alleged to have been abused, where appropriate.
- Local Authority and Police.
- Dependent on role, the National Governing Body.

Employees, workers, consultants, agency staff and volunteers may have access to confidential information about children and young people to undertake their responsibilities. In some circumstances, employees, workers, consultants, agency staff or volunteers may be given highly sensitive or private information. Confidential or personal information about a child or young person or his/her family should not be used for their own or others advantage.

Confidential information about a child, or young person, should never be used casually in conversation, or shared with any person other than on a need to know basis. In circumstances where the child or young person's identity does not need to be disclosed, the information should be handled anonymously.

There are some circumstances in which an employee, worker, consultant, agency staff or volunteer may be expected to share information about a child, for example when abuse is alleged or suspected. In such cases, employees, workers, consultants, agency staff and volunteers have a duty to pass information on without delay, but only to those with designated safeguarding responsibilities (HoD and Safeguarding Team).

If an employee, worker, consultant, agency staff or volunteer is in any doubt about whether to share information or keep it confidential, guidance should be sought from the club's Safeguarding or Legal Teams. The storing and processing of personal information about children and young people is governed by the General Data Protection Regulation (GDPR) May 2018).

Information sharing

The club abides by the 7 guiding principles as set out by HM Government on sharing information:

1. The General Data Protection Regulation (GDPR) from 25/05/2018), and human rights laws are not barriers to justified information sharing but provide a framework to ensure that personal information about children and young people is shared appropriately.
2. Openness and honesty with the child or young person (and/or their parents/carers or family where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek agreement, unless it is unsafe or inappropriate to do so;
3. Advice is sought from the club's Safeguarding and/or Legal Team if there is any doubt about sharing the information concerned, without disclosing the identity of the child or young person where possible.
4. Information is shared with informed consent where appropriate and, where possible, there is respect for the wishes of those who do not consent to share confidential information. Information will still be shared without consent if, in the club's judgement, there is good reason to do so, such as where safety may be at risk. Judgement will be based on the facts of the case.
5. Safety and well-being of the child or young person is always considered.
6. Information is only shared when it is necessary, proportionate, relevant, adequate, accurate, timely and secure to do so.
7. Records of the club's decision to share information in relation to any reported concerns, with whom and the reasons are always recorded on the Safeguarding Concern Form (Appendix 8)

The club will share information with the relevant statutory agencies & The FA where appropriate in relation to safeguarding cases.



Review

The club shall review this Policy and Procedures every 2 years from the issue date, or whenever there is a change in legislation, guidance, governing body rules or learning from safeguarding cases. This Safeguarding document is a live document that can be updated daily if necessary. Next full review is due July 2022.

Procedures

Consent

The first priority in safeguarding should always be to ensure the safety and welfare of the child or young person. If concerns arise, it is best practice to always gain the consent of the child, or young person, before an external referral is made. There are several circumstances whereby an external referral can be made without consent and these include:

- The child or young person is at risk of harm.
- Other people are, or may be, at risk, including other children or young people.
- Emergency or life-threatening situations may warrant the sharing of relevant information with the emergency services without consent.
- Sharing the information could prevent a serious crime.
- The child or young person lacks the mental capacity to make that decision.
- A serious crime has been committed.
- There is a risk of significant harm and meets the threshold for a multi-agency strategy meeting.
- Employees, workers, consultants, agency staff or volunteers are implicated.

What to do if you suspect abuse or poor practice has occurred?

If you are concerned about the safety or welfare of a child or young person or you are concerned about an adult's behaviour towards a child or young person you must act. Do not assume that someone else will help the child or young person. Safeguarding children and young people are everyone's responsibility.

It is important that you report your concerns to one of the following:

- Head of Department.
- Safeguarding Team; or
- Club Director

Taking no action is not an option.



What to do if you receive a safeguarding disclosure from a child or young person

Children or young people who may be vulnerable, are likely to disclose abuse or neglect to those they trust, and how one responds to a disclosure is crucial.

Stage 1

Deal with the disclosure as it happens and ensure that the child or young person's immediate needs are met and that he/she feels supported. When a disclosure is made, it is most important to understand that you must not investigate the disclosure yourself. The disclosure must always be taken seriously and dealt with according to the guidance in this Policy and Procedure, even if the validity of the disclosure is uncertain. You are not expected to act as a social worker, counsellor, judge, and jury or avenge the abuser; you are however expected to act in the best interest of the child or young person who may be at risk.

You must:

- Put your own feelings aside and listen as if the information is not sensational.
- Allow the child/young person to lead the discussion and to talk freely.
- Listen to what the child/young person is saying without investigating. Try not to interrupt them or ask lots of questions. Being asked a lot of questions can feel like being interrogated.
- Allow the child or young person to tell you at his/her own pace.
- Do not worry if the child/young person stops talking for a while, silences are ok. You don't have to rush in to fill the gaps.
- Accept what the child/young person says without challenge.
- Allow the child/young person to talk but protect him/her from sharing the information with too many other people.
- Provide reassurance that you are taking them seriously and he/she have done the right thing by disclosing.
- Let the child/young person know it is recognised how hard it is for him/her to tell you.
- It is ok to let him/her know if you are unable to answer all their questions.
- Avoid asking leading questions, for example "Did the coach hit you?"
- Never ask questions that may make the child/young person feel guilty or inadequate.
- If physical abuse has taken place, you may observe visible bruises and marks but do not ask a child/young person to remove or adjust his/her clothing to observe them, and do not take photographs of the injuries, you should make a note of the injuries on the Body Map in the Safeguarding Concern Form (Appendix 8).
- Tell the child/young person who you will be contacting e.g. club's Safeguarding Team, or HoD, and that you will support him/her through that process.
- If you establish that they he/she has been harmed or is at risk of being harmed, do not pursue the conversation any further. This is important to ensure that questions cannot be raised later about possible manipulation of the disclosure.
- Respect the confidentiality of the disclosure and do not share the information with anyone other than those who need to know. Those who need to know are those who have a role to play in protecting children/young people.

You must not:

- Panic or show that you are shocked. It is important to remain calm and in control of your feelings.
- Document the conversation while the child/young person is disclosing. This should be done as soon as possible after the child/young person has disclosed to you.
- After the child/young person has disclosed, the conversation must be documented remembering as accurately as you can, the words and phrases used by the child/young person to describe what happened to him/her.
- Investigate.
- Give the impression that you might blame the child/young person e.g. don't ask: "Why did you let him?", "What were you doing there anyway?" or "Why didn't you tell me before?"
- Press for details by asking questions such as "What did he/she do next?"
- Ask leading questions.
- Pass judgement on what is said.
- Make false promises and/or promise confidentiality – it should be explained that the child/young person has done the right thing, outline who will need to be told and why.
- Approach the alleged abuser yourself.



Do remember when a child/young person discloses they may feel:

- Guilt: he/she may blame themselves for the abuse and often feel guilt for telling.
- Ashamed: he/she may feel ashamed about the abuse itself.
- Confused: he/she may be confused about his/her feelings for the alleged abuser.
- Scared: he/she may be fearful of the repercussions of telling. He/she may fear the alleged abuser.
- Be careful about touching (e.g. hugging or cuddling) the child/young person if they have not initiated the contact. He/she may be upset by physical contact.

Stage 2

As soon as possible, once the immediate comfort and safety of the child or young person is secured, you must inform your HoD, or the Safeguarding Team of the disclosure. You may make a referral yourself directly to a statutory agency if you are concerned about the child/young person's immediate safety and/or are having difficulty contacting the designated safeguarding person/s or if the designated safeguarding person is the alleged abuser. Every effort should be made to ensure that confidentiality is maintained for all concerned. Information should be handled and disseminated on a need to know basis only.

Stage 3

You should complete the club's Safeguarding Concern Form (SCF) as soon as possible after the disclosure has been made and send the SCF (Appendix 8) to the Safeguarding Team within 24 hours of the disclosure.

Wherever possible, you must record information as it was relayed to you using the language of the child or young person rather than your own interpretation of it.

What happens next?

It is important that concerns are followed up and it is everyone's responsibility to ensure that they are. You should be informed by the club's Safeguarding Team what has happened following the report being made. If you do not receive this information, you should be proactive in seeking it out.

If you have concerns that the disclosure has not been acted upon appropriately, you should inform the Club Director and ultimately contact the relevant statutory agency.

A disclosure is not the only way that you may be made aware of an issue. Sometimes another adult or even a child or young person may say something about a possible abusive situation. On occasions you may witness an incident that may cause concern or indeed you may pick up on things that cause concern, or information may be passed to a coach or manager anonymously by a person or persons who do not want to be directly involved for whatever reason.



Raising a concern

You do not need to have firm evidence before raising a concern. But we do ask that you explain as fully as you can the information or circumstances that gave rise to your concern.

Step 1

If you have a concern of any form of safeguarding poor practice or abuse, raise it first with the Head of Department, who will raise it with the club's Safeguarding Team.

Step 2

If you feel unable to raise the matter with the HoD for whatever reason, raise the matter with the club's Safeguarding Team.

Step 3

If you feel the Safeguarding Team has not handled the concern appropriately you should contact the Club Director. If these channels have been followed and you still have concerns, or if you feel that the matter is so serious that you cannot discuss it with any of the above, you should contact the Birmingham County FA Safeguarding Lead on 0121 357 4278 or email: support@birminghamfa.com

For a flowchart of the process to follow, please see Appendices 1, 2 and 3.

Managing allegations against employees, workers, consultant's agency staff and volunteers

Should a concern arise about an employee, worker, consultant, agency staff or volunteer's conduct in relation to a child or young person, this should be reported to the club's Safeguarding Team who will take such steps as considered necessary to ensure the safety of the child or young person in question, and any other person who may be at risk. The person raising the concern should complete the club's Safeguarding Concern Form (Appendix 8). When managing an allegation against an employee, worker, consultant, agency staff or volunteer the Safeguarding Team will follow this process:

- The allegation will be referred to the Local Authority Designated Officer (LADO)/Designated Person at the Local Authority and/or the Police.
- The parent/carer of the child or young person will be contacted as soon as possible, following advice from statutory agencies.
- Senior Management will be notified and if applicable The FA.
- If a member of the Safeguarding Team is the subject of an allegation, the report must be made to the Club Director, who will refer the allegation to the appropriate statutory agencies;
- If required, a full investigation and possible sanction in accordance with the club's Disciplinary Policy for employees will follow. Workers, consultants, or agency workers may have their Agreements terminated.
- Referrals as appropriate will be made to the Disclosure and Barring Service (DBS)

For a flowchart of the process to follow, please see Appendix 3.

Managing concerns for a child or young person

Any concern relating to the abuse of a child or young person by another child or young person must be dealt with through this Policy and Procedure. Any such concern should be reported immediately to the HoD who will inform the Safeguarding Team.

Making a referral

All employees, workers, consultants, agency staff and volunteers should complete the club's Safeguarding Concern Form (Appendix 8) after referring any case to the HoD and/or Safeguarding Team. The Safeguarding Team will contact the relevant Local Authority Children's Services Team completing their Referral Form and update the Safeguarding Concern Form for the club's records.



What to do if a child or young person is in danger of immediate harm

The first priority is to ensure the child or young person is in a safe place, away from the alleged perpetrator. Emergency services should be summoned whenever a situation is felt to be beyond the control of employees, casual workers, agency staff, consultants, or volunteers. In addition, employees, workers, consultants, agency staff and volunteers should have, readily available, all the contact numbers of the club's Safeguarding Team, HoDs, colleagues, or other services which can assist in an emergency or urgent situation (Appendix 9). Report the matter to the Safeguarding Team and/or Club Director at the earliest opportunity.

In the absence of the Safeguarding Team and/or Club Director, contact The FA NSPCC Helpline on [0808 800 5000](tel:08088005000) or email help@nspcc.org.uk and/or the police on 101 for help and to ensure the correct procedure is followed



COVID-19 Policy

Introduction

Coronavirus disease (COVID-19) is an infectious disease caused by a newly discovered coronavirus. Most people infected with the COVID-19 virus will experience mild to moderate respiratory illness and recover without requiring special treatment.

World Health Organisation (WHO), 2020

The COVID-19 virus spreads primarily through droplets of saliva or discharge from the nose when an infected person coughs or sneezes, so it is important that you also practice respiratory etiquette (for example, by coughing into a flexed elbow).

At this time, there are no specific vaccines or treatments for COVID-19. However, there are many ongoing clinical trials evaluating potential treatments.

WHO will continue to provide updated information as soon as clinical findings become available?

Use of Guidelines

- Medical and healthcare professionals caring for footballers within Solihull Moors Football Club.
- Support and management staff.

Government Advice

Team Sports:

The FA can confirm that the UK Government approved its plan for the return of outdoor grassroots football from Friday 17 July 2020. As a result, the grassroots football community now has the opportunity to return to football and prepare for the start of the new season.

The FA has been working hard over recent weeks to prepare guidelines for the safe return of grassroots football and, following Government approval, these can now be published.

Football activity can take place with necessary modifications in place to mitigate the transmission risk of COVID-19.

The FA would strongly recommend a phased return to competitive football activity as follows:

From August – Competitive matches to begin, for example pre-season fixtures, festivals and small sided football competitions;

From September – Grassroots leagues, men's National League System, Women's Football Pyramid tiers 3 to 6, and FA Competitions can commence.

Clubs, players, coaches, match officials, league officials, volunteers, parents/carers, spectators and football facility providers should read The FA's full guidelines, which are accessible below, in addition to the latest Government guidance on COVID-19.

A return to competitive football should only happen once clubs and facility providers have completed the necessary risk assessments and comprehensive plans are in place. A summary of key points to consider from The FA's guidelines are listed for ease below:

- Everyone should self-assess for COVID-19 symptoms before every training session or match. If you are symptomatic or living in a household with possible or actual COVID-19 infection you must not participate or attend.
- Clubs and facility providers should ensure that their facility is compliant with current Government legislation and guidance related to COVID-19.
- Competitive training is now permitted, with groups limited to a maximum of 30 people, including coaches.
- Competitive match play is permitted, with social distancing in place before and after the match, and in any breaks in play;
- Players and officials should sanitise hands before and after a game as well as scheduled breaks throughout a game or training session.
- Ball handling should be kept to a minimum with most contact via a boot and the ball disinfected in breaks of play.
- Youth football coaches are encouraged to limit persistent close proximity of participants during match play and training.
- Goal celebrations should be avoided.



COVID-19 Policy (Continued)

- Equipment should not be shared, and goalkeepers should ensure they disinfect their gloves regularly in breaks in training or matches and thoroughly afterwards. Where possible, coaches should only handle equipment in training.
- Where possible, players, coaches and officials should arrive changed and shower at home. Use of changing and shower facilities must follow government advice on the use of indoor facilities.
- Participants should follow best practice for travel including minimising use of public transport and walking or cycling if possible. People from a household or support bubble can travel together in a vehicle.
- Clubs should keep a record of attendees at a match or training session, including contact details, to support NHS Test and Trace.
- Clubs should ensure they are affiliated with the County FA

Separate guidance has been developed for clubs with teams competing in the men's National League System (NLS) and the Women's Football Pyramid tiers 3 to 6. This will support these Clubs on the safe return of paying spectators and also the applicability of the guidance to facilities under Ground Grading conditions, to ensure the safe return of competitive matches.

Please note that at this stage, indoor football and futsal is not permitted. The FA will look to work with indoor facility providers to develop appropriate guidance for indoor formats as soon as possible.

The FA Guidelines

It is the responsibility of the Health & Safety Director and/or Board to implement these changes, even if a team of people are co-opted into a Covid-19 group.

You should also check any insurance you have in place (e.g. personal accident and public liability), to ensure it remains adequate and in place during the pandemic and if so, you are not breaking any of its terms.

Promoting Good Hygiene:

- Provide hand sanitisers at the entrance and exit of your pitches and advise users to bring their own hand sanitiser, marked with their own name.
- Provide additional waste facilities and more frequent rubbish collection.

Changing Rooms:

- To maintain social distancing, all changing rooms should be kept closed until further notice.
- Keep changing rooms locked and use signage to clearly notify users.
- Communicate clearly with all users before they visit your facility that changing rooms will be unavailable and request all users arrive and leave in their kit.

Administering First Aid:

First aiders should update themselves on the guidance that has been produced by their usual first-aid training provider. They should ensure that they have the appropriate Personal Protective Equipment (PPE), to be able to deal with any first-aid circumstance which may put them into conflict with social-distancing guidance. They should also be clear on any adaptations they may need to make to their usual first-aid techniques to protect themselves and others from Covid-19 infection. First aid remains a crucial skill even as the country deals with the Covid-19. St John's Ambulance have put together advice for first aiders to help keep yourself and those who use your facility safe.

In Summary:

- Always follow the latest Government guidance.
- Be aware of any football-specific protocols, which should be in line with FA/Government guidance.
- Complete a thorough risk assessment.
- Check your insurance cover.
- If in doubt, or you are not comfortable re-opening, then don't.



Protocols Before Attending Planned Training session

- Assess for new continuous cough
- Assess for shortness of breath or a sore throat
- Assess for a loss of or change in normal sense of taste to smell
- Assess for a feeling of unwellness

Protocols and Considerations during the session

- Social distancing does not permit handshakes, high-fives, or group goal celebrations, so please ensure that the players understand this and comply.
- Participants should bring with them their own named water bottles and named hand sanitiser.
- Equipment should be handled as little as possible by as few people as possible.
- Players should refrain from spitting.
- If a player becomes injured, he will be assessed by the Physiotherapist adhering to government PPE guidelines for asymptomatic individuals.
- If a player becomes symptomatic during the session, they should be immediately removed from the session and taken home as soon as possible.

Protocol following the session

- When the session is finished, players should be encouraged to leave the venue rather than congregate.
- All participants should wash hands at the earliest opportunity.
- All shared equipment should be thoroughly washed/disinfected, and it should be clear whose responsibility it is to do this.



Reporting Cases at the Club:

1. Symptoms presenting at home/away from the club:

- Immediately self-isolate at home for at least 7 days from when your symptoms started.
- Arrange to have a test to see if you have COVID-19.

<https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance/stay-at-home-guidance-for-households-with-possible-coronavirus-covid-19-infection>

<https://www.nhs.uk/conditions/coronavirus-covid-19/testing-and-tracing/get-an-antigen-test-to-check-if-you-have-coronavirus/>

Consider alerting people who you do not live with and have had close contact within the last 48 hours to let them know you have symptoms of coronavirus COVID-19.

2. For symptoms presenting at the club:

- Immediately return to your vehicle and drive home
- Immediately self-isolate at home for at least 7 days from when your symptoms started.
- Arrange to have a test to see if you have COVID-19.

Ending Isolation:

If you have had symptoms of coronavirus (COVID-19), then you may end your self-isolation after 7 days and return to your normal routine if you do not have symptoms other than cough or loss of sense of smell/taste. If you still have a high temperature, keep self-isolating until your temperature returns to normal.

After 7 days, if you just have a cough or anosmia (a loss of, or change in, your sense of taste or smell), you do not need to continue to self-isolate. This is because a cough or anosmia can last for several weeks once the infection has gone. The 7-day period starts from the day when you first became ill.

3. Club Risk Assessments

See appendix 9 for Risk Assessment example.



Stay at Home guidance for households: current guidelines illustrated

Criteria and guidance applied as of 17/03/2020:

Incubation period = maximum 14 days

Day 1 is the first day of symptoms

The 14-day period starts from the day when the first person in the house became ill

If you live with others and you are the first in the household to have symptoms of coronavirus, then you must stay at home for 7 days

If anyone else in the household starts displaying symptoms, they stay at home for 7 days from when their symptoms appeared, regardless of what day they are on in the original 14-day isolation period.

Household members who remain well stay in self isolation for 14 days due to maximum incubation period, calculated from day 1 of first symptomatic person

Household members do **not** need to restart the clock if other members become symptomatic during the 14 days self-isolation

DAY	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Person in household																					
Example household 1																					
A	X							✓													
B				X						✓											
C															✓						
D															✓						
Example household 2																					
A	X							✓													
B				X						✓											
C													X							✓	
D															✓						

Key: X = when illness started - first day of symptoms
✓ = allowed to go out again

References

https://www.who.int/health-topics/coronavirus#tab=tab_1

<https://www.gov.uk/government/publications/coronavirus-covid-19-guidance-on-phased-return-of-sport-and-recreation/guidance-for-the-public-on-the-phased-return-of-outdoor-sport-and-recreation>

<http://www.thefa.com/news/2020/jun/12/grassroots-covid-19-update-120620>

<https://www.nhs.uk/conditions/coronavirus-covid-19/symptoms/>



ADULTS AT RISK WITH SPECIAL NEEDS AND/OR DISABILITIES

INTRODUCTION

Solihull Moors Football Club acknowledges and accepts it has a responsibility for the wellbeing and safety of all adults at risk who are under the care or using the Club's facilities. It is the duty of all adults working on behalf of Solihull Moors FC in any capacity to safeguard the welfare of adults at risk and by creating an environment that protects them from harm under the Safeguarding Vulnerable Groups Act 2006. The wellbeing of adults at risk is paramount for all staff and accordingly, it is the responsibility of HR to make staff aware of the Safeguarding Adults at Risk Policy as part of their induction process. Where appropriate, the following guidelines will be supplemented by in-service training and additional guidance. An "Adult at risk" is defined as anyone aged 18 or over who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation. RULES & REGULATIONS the Club is governed by the rules and regulations set out in the Safeguarding Vulnerable Groups Act 2006. The Club is fully committed to ensuring that the best practice recommended by these bodies is employed throughout. The Club also has a responsibility to maintain regular dialogue with the relevant services and are compliant with Government legislation.

AIMS & PRINCIPLES

The aims of the Club's Safeguarding Adults at Risk Policy are:

- To safeguard all adults at risk who interact with the Club's activities.
- To demonstrate best practice in the area of safeguarding adults at risk.
- To develop a positive and pro-active welfare programme to enable all adults at risk to participate in an enjoyable and safe environment.
- To promote high ethical standards throughout the Club's activities. The key principles underpinning this policy are:
- Safeguarding the adults at risk welfare is, and must always be, the paramount consideration.
- All adults at risk have a right to be protected from abuse regardless of their age, gender, disability, culture, language, racial origin, religious beliefs or sexual identity.
- All allegations of abuse will be taken seriously and responded to efficiently and appropriately.
- To ensure that coaches, parents and other adults who come in contact with adults at risk display positive behaviours.

SAFEGUARDING ADULTS AT RISK

The Club has a Club Welfare Office who has overall responsibility for the safeguarding of adults at risk taking part in Club activities. The Club Welfare Officer assumes overall responsibility, and is the focal point for safeguarding. Anybody with a concern about an adult at risk's welfare should contact a Safeguarding Officer for advice in the first instance – details can be found at the end of this policy. In addition, there are some links listed below.

- <https://www.local.gov.uk/topics/social-care-health-and-integration/adult-social-care/making-safeguarding-personal>
- <https://www.anncrafttrust.org/>



RECRUITMENT

As part of the Club recruitment and selection process, offers of employment to positions which involve working adults at risk are subject to a satisfactory statement of declaration, DBS disclosure and appropriate references. See below for details of the Club DBS procedures.

STAFF TRAINING

All staff working in direct contact with children shall be required to complete the FA workshop on Safeguarding children & adults at risk. Details of those satisfactorily completing this course are retained by the Club.

HEALTH AND SAFETY

The Club Health & Safety and Risk Assessment Policy gives guidance to those whose roles involve working with adults at risk. Where an adult at risk is involved, a risk assessment must take account of their particular additional needs. The risk assessment should set out what arrangements are in place for their care and supervision, examples of such risk assessments are kept with the Clubs Operations or Manager/Health & Safety Manager.

STAFF BRIEFING

A briefing Note giving guidance to all employees is available during the initial staff induction. Whenever possible staff are advised to operate accompanied when operating in isolated areas.

DISCLOSURE AND BARRING SERVICE (DBS)

The Club is registered with the Disclosure & Barring Service (DBS) through TMG. The DBS process will from the start of Season 2020-21 be operated through the FA Whole Game System.

The DBS provides a disclosure service for organisations. DBS disclosures enable employers to undertake more thorough recruitment and selection procedures for positions which involve working with children and adults at risk. Staff are given detailed instructions which explains how to process an application via the links below.

- <https://gbg.onlinedisclosures.co.uk/Registration/Registration>
- www.gov.uk/db



PROCESS FOR DBS CHECKING

New Appointments

All staff who are offered a position which involves working with children and adults at risk will be required to undertake a statement of declaration and enhanced DBS Disclosure. All employment offers are subject to the outcome of the screening process and when applicable, this is set out in their Offer of Employment. Until such time as their Disclosure certificate has been received, the member of staff will not be left unsupervised with children and adults at risk. The Club is committed to the equal opportunities of its staff and therefore if a positive Disclosure is received it will not result in an instant dismissal from employment. Should a positive Disclosure be received, a risk assessment will be carried out by the appeal panel, to assess the information contained within the Disclosure Certificate. The member of staff may also be asked to attend an interview prior to an employment decision being made.

New appointments who already have a Disclosure Certificate

In the case of casual employees, if a new member of staff has been DBS checked by their previous employer, the Club may not ask that person to undertake another check. However, the original Disclosure Certificate must be shown to the Club Welfare Officer and it must be dated within six months of the employee's start date.

Existing Staff

Priority is being given to those who come into contact with adults at risk. All staff who have unsupervised access with adults at risk have been DBS checked.

Temporary Staff and External Consultants

The Club will ensure that all temporary staff and external consultants sign a 'Self Declaration Form' and will not have unsupervised access to adults at risk during their employment with the Club.

Data Protection

The Data Protection policy adopted by the Club is in line with current legislation.

Parental Consent

The Club will obtain parental or carer consent for all activities using the FA template for parental consent form. The Club will be vigilant and seek to minimize risk so as to safeguard adults at risk.

Adults at risk who are not picked up on time

The Club has procedures in place for adults at risk whose parents/carers do not collect them from an activity at a specified time. All parents/ carers are made aware that the adult at risk should be met no later than 30 minutes after an activity has finished. Should the adult at risk not be collected within 15 minutes, staff have emergency contact numbers, however communication with the Ticketing and Community office can be sorted to obtain alternative numbers if necessary. In the event that an adult at risk is not collected on time, a minimum of 2 staff will wait at the venue until the parent/carers arrive or will escort the adult at risk home. If there is no responsible adult available to care for the adult at risk, staff should contact police/social care (numbers listed below)

DBS

In accordance with the procedures detailed above, all staff undergo a DBS check every 3 years.

Activities for Disabled Persons

The Club carries out all activities for disabled persons under the guidelines of the Equal Opportunities Policy and in accordance with the Club's Equal Opportunities Policy.



RESPONDING AND RECORDING CONCERNS

HIGHLIGHTING CONCERN

Although the Club is committed to doing the utmost to safeguard adults at risk from harm there may be an occasion when concern is raised. Abuse and neglect' are generic terms encompassing all ill treatment of adults at risk as well as cases where the standard of care does not adequately meet the health or developmental needs. Adults at risk may be abused or suffer neglect through the infliction of harm, or through the failure to act to prevent harm. Abuse can occur in a family or an institutional or community setting. The perpetrator may or may not be known to the adult at risk.

RECOGNITION – SIGNS OF ABUSE

There are five main forms of abuse identified as follows, should you have any concern that abuse is occurring you should contact a Safeguarding Services Manager immediately.

PHYSICAL ABUSE

Physical abuse may involve hitting, shaking, throwing, poisoning, burning, scalding, drowning, suffocating or otherwise causing physical harm to an adult at risk. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces illness.

SEXUAL ABUSE

Sexual abuse involves forcing or enticing adults at risk to take part in sexual activities, not necessarily involving a high level of violence whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative acts such as rape or oral sex or non-penetrative acts such as masturbation, kissing, rubbing, and touching outside of clothing. Sexual abuse may also include noncontact activities, such as involving adults at risk in looking at, or in the production of, pornographic material or watching sexual activities, or encouraging them to behave in sexually inappropriate ways or grooming an adult at risk in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males, women can also commit acts of sexual abuse.

NEGLECT

Neglect is the persistent failure to meet the basic physical and/or psychological needs, likely to result in the serious impairment of health and development for example: not providing adequate food, clothing, shelter (including exclusion from home or abandonment). Neglect may occur during pregnancy as a result of substance abuse.

Some measure

- Protect an adult at risk from physical/emotional harm or danger
- Ensure adequate supervision (including the use of inadequate caregivers) or
- Ensure access to appropriate medical care/treatment It may also include neglect of basic emotional needs.

EMOTIONAL ABUSE

Emotional abuse is the persistent emotional ill treatment of a adults at risk such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to a adult at risk they are worthless or unloved, inadequate, or valued only so far as they meet the needs of another person. It may include not giving the adults at risk opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on adults at risk. These may include interactions that are beyond the adults at risk's developmental capability, as well as over protection and limitation of exploring and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.



BULLYING

Bullying is not always easy to define and can take many forms. The three main types are: physical, verbal, and emotional including Cyber bullying causing adults at risk to feel frightened or in danger, or the exploitation or corruption of adults at risk. For more detailed information on the five main forms of abuse refer to The Football Association Safeguarding Children & Adults at Risk Procedures and Practices Handbook.

RESPONDING TO A REPORT OR SUSPICION

Where possible the Club Welfare officer should be contacted as early as possible, however it is recognised that an individual may need to respond to a situation immediately. With this in mind the following guidelines offer help and support in responding to abuse or a suspicion of abuse:

Do:

- Treat any allegations extremely seriously and act at all times towards the adults at risk as if you believe what they are saying.
- Tell the adults at risk they are right to tell you.
- Reassure them that they are not to blame.
- Be honest about your own position, who you have to tell and why.
- Tell the adults at risk what you are doing and when and keep them up to date with what is happening.
- Take further action – you may be the only person in a position to prevent future abuse.
- Write down everything said and what was done, sign and date.
- Seek medical attention if necessary.
- Inform parents/carers unless there is suspicion of their involvement.

Don't:

- Make promises you cannot keep.
- Interrogate the adults at risk – it is not your job to carry out an investigation – this will be up to the police and social services, who have experience in this.
- Cast doubt on what the adults at risk has told you, do not interrupt or change the subject.
- Say anything that makes the adults at risk feel responsible for the abuse.

DOING NOTHING IS NOT AN OPTION, IT IS YOUR RESPONSIBILITY TO ACT – Make sure you tell the Safeguarding team immediately, they will know how to follow this up and where to go for further advice.



RECORDING ALLEGATIONS OR SUSPICIONS

The Club Welfare Officer will ask for a written factual statement from the person making the report. If the report involves an allegation about another member of staff, that person will also be asked to write a brief report, sign, and date it. Any statement made by the adults at risk should be reported in their own words, signed, and dated. These reports should be confined to facts and should not include any opinion, interpretation, or judgement. The Club will ensure that any adults at risk concerned is immediately removed from any possible risk of harm. Investigations into possible abuse will require careful management. The Club Welfare Officer should seek the advice of The Football Association Safeguarding Children & Adults at Risk Team, Social Care Children's Duty team, LADO (Local Authority Designated Officer) or the Police before setting up an internal inquiry and take their advice on informing the child or young person's parents. In any case of suspected abuse, as soon as the local Social Care Department has been informed, the Club must provide a report to the FA Safeguarding Service Manager Children & Adults at Risk.

CONFIDENTIALITY

There is always tension and caution around issues of confidentiality. The advice for all staff at the Club is that no guarantee of confidentiality can be given to an adult at risk but in a safeguarding adult at risk protection incident confidentiality is overridden. 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. There are actions which staff have to and are obliged to take once we are aware of a problem. Undertakings of confidentiality should not be given either to the person making the allegations or to the person being interviewed. A matter is confidential on a need to know basis and nobody should have any reservations about referring a safeguarding adult at risk issue to the Club Welfare Officer at the Club. The key issue is that the welfare of the adults at risk is protected.

CONTACT DETAILS

Solihull Moors FC - Ant Hasker: 07704 088355 – ant.hasker@solihullmoorsfc.co.uk

THE FOOTBALL ASSOCIATION / NSPCC SAFEGUARDING CHILDREN & ADULTS AT RISK HELPLINE T: 0808 800 5000

TEXTPHONE FOR DEAF USERS T: 0800 056 0566

West Midlands Police: T: Emergency 999 Non-Emergency 101

E: <https://www.west-midlands.police.uk/contact-us> For further advice and information on the FA Safeguarding Children & Adults at Risk Guidelines, please visit www.thefa.com/goal



MEDICAL INFORMATION – BEST PRACTICE

Within the Safeguarding Policy the Club identifies the need for a medical and consent form completed by the parent or carer.

This is also an opportunity to include any other individual needs or difficulties. Players and their parents and carers should be encouraged to complete this section honestly – disability or other health needs does not necessarily prevent someone participating in football, indeed football is committed to making the game accessible to everyone and will take positive steps to ensure every effort is made to meet those needs.

In order for players to have confidence in this Policy and be honest the Club will endeavour to identify and promote role models within the game. In addition players will be assured that with full information they will be better able to ensure that the player will be able to meet their full potential and not compromise their health thereby increasing the time they are able to enjoy playing football.

The Club has a medical form that gathers the required information with additional information on any changes in the adults at risk life situation that may cause a change in behaviour e.g. death of a relative, divorce.

Remember, some disabilities such as asthma may require minimal or no specific action by the Club's staff. However, the knowledge of that disability will allow staff to have an awareness of what action to take in an emergency i.e. a severe asthma attack brought on by an injury or incident.

ASSESSMENT OF NEED – BEST PRACTICE

From the information received on the medical form, and through discussion with parents or carers, the Club staff can identify how to best meet the adults at risk needs to enable them to access the football in full.

Below are some points to consider in completing an assessment of need:

- Does the Club/venue have adequate access for the adults at risk?
- Does the Club/venue have the required facilities?
- When playing away matches does the host Club have required access/facilities?
- Does the Club have the required staff trained?
- Does the young person need additional help from a "support person" to access the Football?
- What aids are required and can the Club provide them. Do the parents have aids that can be used? I.e. specialist wheelchairs (charities can help with this).
- Do the adults at risk need personal care and if so, who will provide it? Medication – see above.
- What advice can the parent/carers give to avoid/deal with possible problems in behaviour?
- What, if any, support services are provided by the local authority or other agencies to enable them to participate in everyday activities including education? Ask for consent from the parent/carers to seek advice or support from these sources.
- How will the Club ensure the disabled adults at risk is safeguarded from harm or injury while in the venue?
- Is an agreement with parents on attending the venue during sessions required?
- What action should be taken if a medical emergency occurred relating to any disability?

It has to be recognised that some medical conditions can be hard to manage in a mainstream Club if they place other members at risk of harm. Such decisions to exclude or refuse membership must be taken in line with appropriate guidance from the Club's Club Welfare Office and the Safeguarding guidance. In some cases, specialist Clubs such as Wheelchair Clubs may provide the best solution.



DIFFERENT TYPES OF DISABILITY – STAFF GUIDANCES

Chronic illness

Among the more common are asthma, allergies, diabetes, epilepsy, sickle cell anaemia or thalassaemia. Being diagnosed with a chronic medical condition presents many challenges for both the disabled child and their families. For parents, having access to information, treatment options and related resources such as football, can make a significant difference in their quality of life. Health issues such as severe asthma, diabetes, and epilepsy, are likely to require the adults at risk to have regular medication. The Club Welfare Officer and appropriate coaches must be aware of what medication is prescribed as well as what action to take if the disabled adults at risk becomes unwell. The Club must ensure that, while supporting the disabled adults at risk and parent or carer, they do not overstep what is appropriate for the Club to undertake in terms of care. Knowledge of what to do and how to cope in an emergency is always important but it may be considered necessary that, in order to safeguard the young person, a parent or other responsible adult should always be in attendance. For those illnesses where reaction time is vital, a plan should be developed with the disabled adults at risk and parent/carer to deal with emergencies so that a clear line of action and responsibility can be followed. It may be appropriate, only with the expressed permission of the individual concerned and their parent or carer to share some information in order to raise awareness and challenge myths and fears among their peers or Club staff. For example, a young person with diabetes may be required to inject insulin and they may prefer to make this explicit to their peers rather than risk being caught injecting insulin with the risk of misguided assumptions about drug abuse! Safe arrangements should be made for storage of medication if the parent/carer is not present throughout activities.

Autistic Spectrum Disorders (ASD)

There are a group of lifelong developmental disabilities, affecting how a person relates to or communicates with other people. Adults at risk with Autistic Spectrum Disorders experience difficulties known as “the triad of impairment – social interaction, social communication and imagination”. The National Autism Society recognises that “the prevalent rate of ASD of 1 in 110 indicates that all services should expect to come into contact with adults at risk on the spectrum”. In football we need to recognise that ASD can cause problems not only for the individual concerned but for both fellow team members and coaches that are involved with them. It has to be remembered that this is not an issue of “poor behaviour” but a behaviour pattern that is part of ASD. The Club will need to look at what they can and can’t provide to meet an individual adults at risk needs and complete a risk assessment with a decision on whether that risk is acceptable and manageable, and allows the Club to safeguard the needs of both the individual concerned and the Club members to whom the Club has a duty of care.

Attention Deficit Hyperactivity Disorder (ADHD) & Tourette’s Syndrome

Attention deficit hyperactivity disorder (ADHD) and attention deficit disorder (ADD) refer to a range of behaviours associated with poor attention span including impulsiveness, restlessness and hyperactivity, as well as inattentiveness, and may make it more difficult for adults at risk/disabled persons to learn or obey instructions and also cause misunderstandings when socializing. Tourette’s syndrome is often linked to or part of the symptoms of ADHD. Tourette’s may cause adults at risk/disabled persons to use inappropriate and verbally abusive words in an uncontrolled and unintentional manner. The Club will need to liaise with parents/carers and possibly professionals who help the player outside the Club to draw up a plan to support the player within the Club. The plan will need to be agreed by all concerned, e.g. coaches, parents, and the adults at risk/disabled persons.

Learning Disabilities

Adults at risk with learning disabilities may require more help to learn new skills. Coaches need to be made aware of the player’s disability so that they understand that the adults at risk may need more help to participate in training sessions and games. It is important that parents communicate with the Club to prevent assumptions being made that the adults at risk is being disruptive or naughty.



DIFFERENT TYPES OF DISABILITY – STAFF GUIDANCES (Continued)

Progressive or Potentially Terminal Illnesses

With adults at risk with progressive illnesses such as cancer, it is important to ask open questions that will allow the adults at risk and their parents or carer to share information openly about any progressive illnesses that may be active or in remission but could have an impact in terms of possible health and safety issues. Progressive illnesses by their very nature are likely to change with time. The adults at risk's ability to take part in activities may become more limited and more specialist provisions may be required to enable them to take part. For example, an adult at risk being able to maintain his/her involvement with the Club for as long as possible may be of primary importance following a diagnosis of a potentially terminal illness such as cancer.

Learning Disabilities UK - www.Learningsisabilitiesuk.org.uk

National Autism Society - www.nas.org.uk

Tourette's Syndrome (UK) Association - www.tsa.org.uk

The British Dyslexia Association - www.bdadyslexia.org.uk

Attention Hyperactivity Deficit Disorder - www.adhd.org.uk

Asthma UK – www.asthma.org.uk

British Deaf Footballs Council – www.britishdeaffootballscouncil.org.uk

Diabetes UK – www.diabetes.org.uk

National Deaf Adults at risk/disabled persons' Society – www.ndcs.org.uk

EFDS Head Office – www.efds.co.uk

Mencap Football – www.mencap.org.uk

USE OF IMAGES

The Club takes its guidance on the use of images from guidelines issued by the FA.

- Before taking photographs of adults at risk and children, parental/carers consent is sought in writing prior to the event. The consent should be sought via the Club Membership Form issued at the start of the season. Parents/carers are responsible for informing the head coach of any change of circumstances which may affect consent.
- Parents and carers will be informed of how the image will be used. The head coach will not allow an image to be used for something other than that for which it was initially agreed.
- All adults at risk and children featured in publications will be appropriately dressed.
- Where possible, the image will focus on the activity taking place and not an adult at risk or children.
- Designated photographers will undertake a DBS check, attend a Safeguarding Adults at Risk workshop and will be personally responsible for keeping up to date with the latest guidelines on the use of Images. Identification should be worn at all times.
- Adults at risk or children who are under a court order will not have their images published in any document.
- No images of adults at risk or children featured in publications will be accompanied by personal details such as their school or home address.
- Any instances of inappropriate images in football should be reported to a member of staff or responsible guardian and from there the Club Welfare Officer at the Club must be informed.



DIFFERENT TYPES OF DISABILITY – STAFF GUIDANCES (Continued)

CODE OF PRACTICE

1. What are images of adults at risk? Why have a Code of Practice?

Images are all photographs taken on film or digital cameras (including mobile phones) and all sorts of moving pictures.

There has been much talk about whether it is safe to have images taken of adults at risk participating in sport. Whilst the great majority of images are appropriate and are taken in good faith, it is a fact that images can be misused and adults at risk can be put at risk if common-sense procedures are not observed.

2. Aims of the Code of Practice

First, as in all matters concerned with the adults at risk, the aim is to help the Club projects establish and develop good practice.

Second, the Code will help the Club projects avoid three potential sources of abuse.

- The use, adaptation, or copying of images for child abuse, either on the Internet or in print. www.ceop.gov.uk
- The possible identification of a child when an image is accompanied by significant personal information which can lead to the adults at risk of being 'groomed'.
- The identification and locating of adults at risk where there are safeguarding concerns. Such cases would include, for example, adults at risk who could be compromised by an image because:
 - o they are removed from their family for their own safety.
 - o there are restrictions on their contact with one parent following a parental separation.
 - o they are a witness in criminal proceeding.

3. The Code of Practice – general considerations

The Club should:

- communicate as widely as possible their approach to the recording of images, saying that its policy is designed to encourage best practice in the safeguarding of adults at risk and to prevent abuse if possible.
- make sure parents, carers and adults at risk are told about the Club Social Media Policy before the adults at risk participates in an Activity.
- get parents' or carers' consent to take images of the adults at risk for the purposes of the Activity.
- report any instances of inappropriate images to the contacts listed at Paragraph 3 of this document. The Club should not:
- publish images with the full name(s) and details of the individual(s) in their programme or place images containing that information either on their website or in the press.
- use an image for something other than that which it was initially agreed, e.g. published in the press when initially produced for a personal commemorative picture.
- allow images to be taken by anyone in changing rooms, showers, and toilets or anywhere else where adults at risk might be undressed.

The Club should remember:

- it is not an offence for someone to take appropriate photographs on public property, even if asked not to do so.
- it cannot decide who can and cannot take images on public property.
- it can decide who can and cannot take images on private property. If photographers do not comply with these requirements, then they may be asked to leave.

4. The Code of Practice – the photographers

The aim of each photographer should be to help celebrate and promote football.

When taking an image, they should be asked to:

- focus on the activity rather than the individual adults at risk.
- include groups of adults at risk rather than individuals if possible.
- ensure all those featured are appropriately dressed (a minimum of vest or shirt and shorts).
- represent the broad range of adults at risk participating in football - boys and girls, disabled people, members of minority ethnic communities.



PROFESSIONAL PHOTOGRAPHERS AND THE CLUB STAFF

DESIGNATED ADULTS AT RISK PHOTOGRAPHERS

One or more professional photographers engaged by the Club who take images of adults at risk engaging in specific activities should be listed as Designated Adults at Risk Photographers.

To achieve this:

- The Club should invite them to apply for inclusion in their list of Designated Adults at Risk Photographers, explaining to them that they will be screened and trained by them on safeguarding children matters before they are placed on the list.
- The Club should screen applicants for their suitability (just as they would check any other member of staff or volunteer working with adults at risk) and then provide training for them in their Safeguarding Adults at Risk policies and procedures.

THE DESIGNATED ADULTS AT RISK PHOTOGRAPHER'S INSTRUCTIONS

The Designated Adults at Risk Photographer (whether a professional photographer or member of Staff) should receive clear instructions, preferably in writing, which outlines acceptable practice.

- The Club should provide them with a clear brief about what is appropriate in terms of content - images should not be allowed to be taken outside the activity being covered.
- The Club should determine who will hold the images recorded and what is to be done with them.

PARENTS, RELATIVES, FRIENDS AND THE ADULTS AT RISK THEMSELVES

Parents, relatives, and friends may want to take their own images of "their" adults at risk at the Activity - and the adults at risk too may want to take his/her own record.

It should always be made clear to them that no image taking at all is permitted in adults at risk changing rooms, showers and toilets and that, in connection with this, all mobile phones carried by adults at risk must be switched off in such accommodation.

In other activities, it is very difficult to control image taking by parents/carers etc, but good practice can be encouraged by the provision of simple written information given to everyone.

The Club should decide whether, when and how parents, carers, family, friends should be permitted to take images of the adults at risk.



SAFEGUARDING FOR THE INTERNET AND OTHER E-TECHNOLOGY Staff/Volunteers/ Parents'/Carers'

1. Know what your adults at risk are doing online and who they are talking to. Ask them to teach you to use any applications you have never used. It is advised that they cover their webcam when online as hackers now have the ability to intrude and get access to your environment without invitation.
2. Help your adults at risk to understand that they should never give out personal details to online friends — personal information includes their messenger ID, email address, mobile number and any pictures of themselves, their family, or friends. If you are adults at risk publishes a picture or video online, anyone can change it or share it. Remind them that anyone may be looking at their images and one day a future employer could!
3. If your adults at risk receives spam/junk email & texts, remind them never to believe them, reply to them or use them. It is not a good idea for your adults at risk to open files that are from people they do not know. They will not know what they contain — it could be a virus, or worse — an inappropriate image or film.
4. Help your adults at risk to understand that some people lie online and therefore it is better to keep online mates online. They should never meet up with any strangers without an adult they trust and ideally this should be in a public place.
5. Always keep communication open for an adult at risk to know that it is never too late to tell someone if something makes them feel uncomfortable.
6. Teach them how to block someone online and how to report them if they feel uncomfortable.

For further information, please look at www.ceop.gov.uk and www.ThinkUKnow.co.uk

Advice adapted and acknowledged: Childnet: www.childnet.com

It is important to recognise that social sites are fun and offer great possibilities for adults at risk. However, there are potential risks including cyberbullying, inappropriate sexual contact with children and young people and the misuse of personal information.

Social networking sites, alongside sites which enable users to put up their own pictures, text and videos (known as user-generated content) such as YouTube, blogging sites, and interactive games sites for example are part of a social and technological revolution that is known as Web 2.0.

Web 2.0 is characterised by the ease with which anyone can produce and publish their own content and link with others.

Adults at risk especially like this new environment because they can have a powerful voice to express their identity and opinions and many are using it to good effect. For example, some musicians and bands have launched themselves entirely on the strength of this new stage and all this is for free and with just one password.

Social networking sites, such as Twitter, Instagram, Snapchat, Tiktok and Facebook, are very popular with adults at risk. These types of sites allow adults at risk to be incredibly creative online, keep in touch with their friends and express themselves using a whole range of different media and applications such as video, photos, music, and chat.



SAFEGUARDING FOR THE INTERNET AND OTHER E-TECHNOLOGY Staff/Volunteers/ Parents' /Carers' (Continued)

Increasingly adults at risk are able to access and use these applications on the go through mobile and gaming devices, where they are away from supervision, enabling the instant publishing of pictures.

What sometimes appears as a private space for an adult at risk can become public very quickly and this blur between public and private expression can potentially put an adult at risk in two main ways:

It is not easy talking to a young person about their social networking online or offline. Adults at risk often think of these sites as their private domain, in much the same way as they would a personal diary and address book. However, because of the public nature of this environment and because young people have been hurt by inappropriate behaviour in these spaces, it is important that they understand the risks and are able to safeguard themselves with the help and support of others.

SAFE: Keep safe by being careful not to give out personal information – such as your full name, E-mail address, passwords, phone number, home address, photos or school name – either to people you are speaking with online or by posting it online where other people can see it.

MEETING: Meeting someone you have only been in touch with online can be dangerous. Only do so with your parents' or carers' permission and even then, only when they can be present and ideally in a public place.

ACCEPTING: Accepting e-mails, Instant Messenger (IM) messages, or opening files, pictures, or texts from people you do not know, or trust can lead to problems – they may contain viruses or nasty messages!

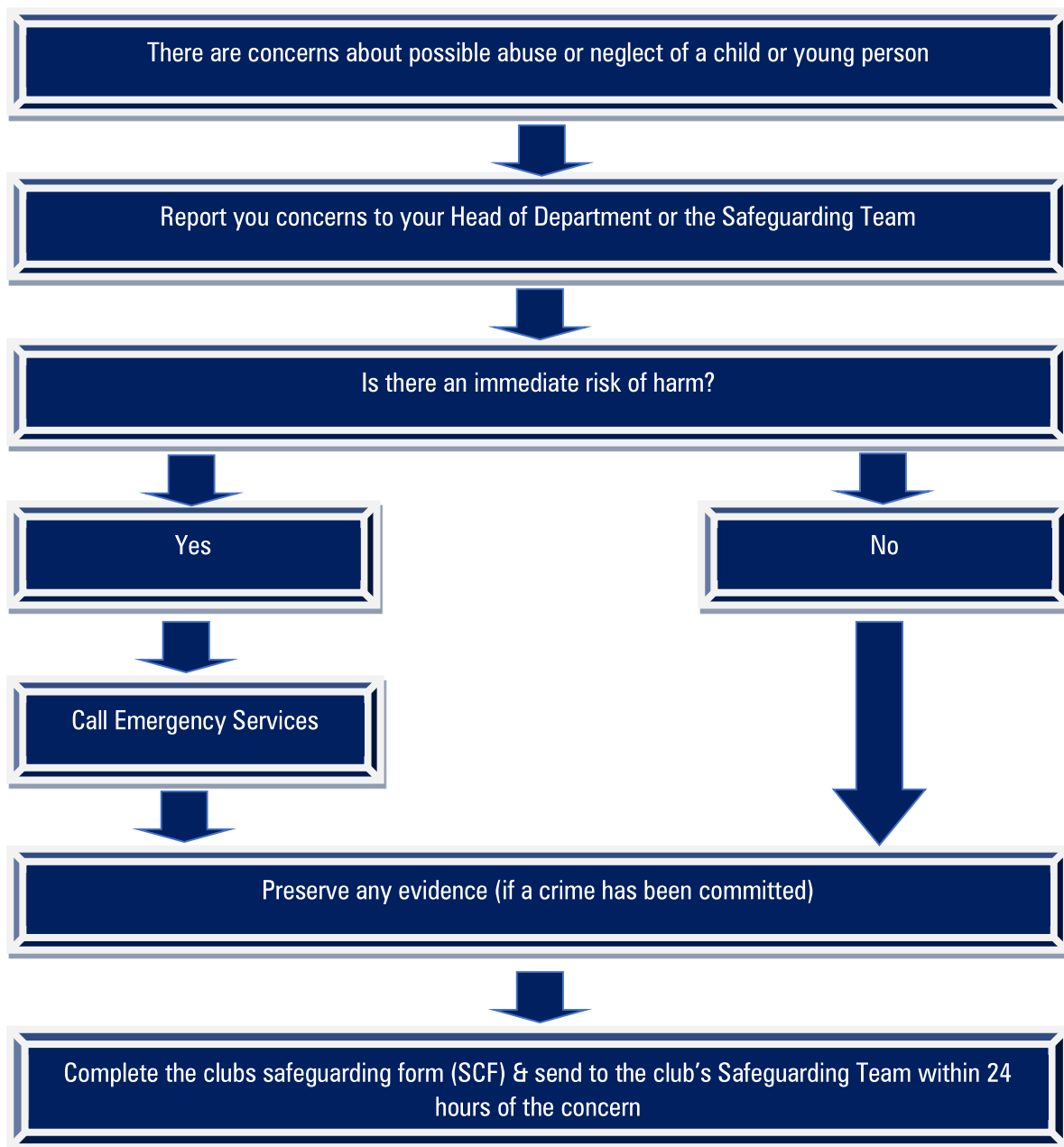
RELIABLE: Information you find on the internet may not be true, or someone online may be lying about who they are.

TELL: Tell your parent, carer, or a trusted adult if someone or something makes you feel uncomfortable or worried, or if you or someone you know is being bullied online.



Appendix 1

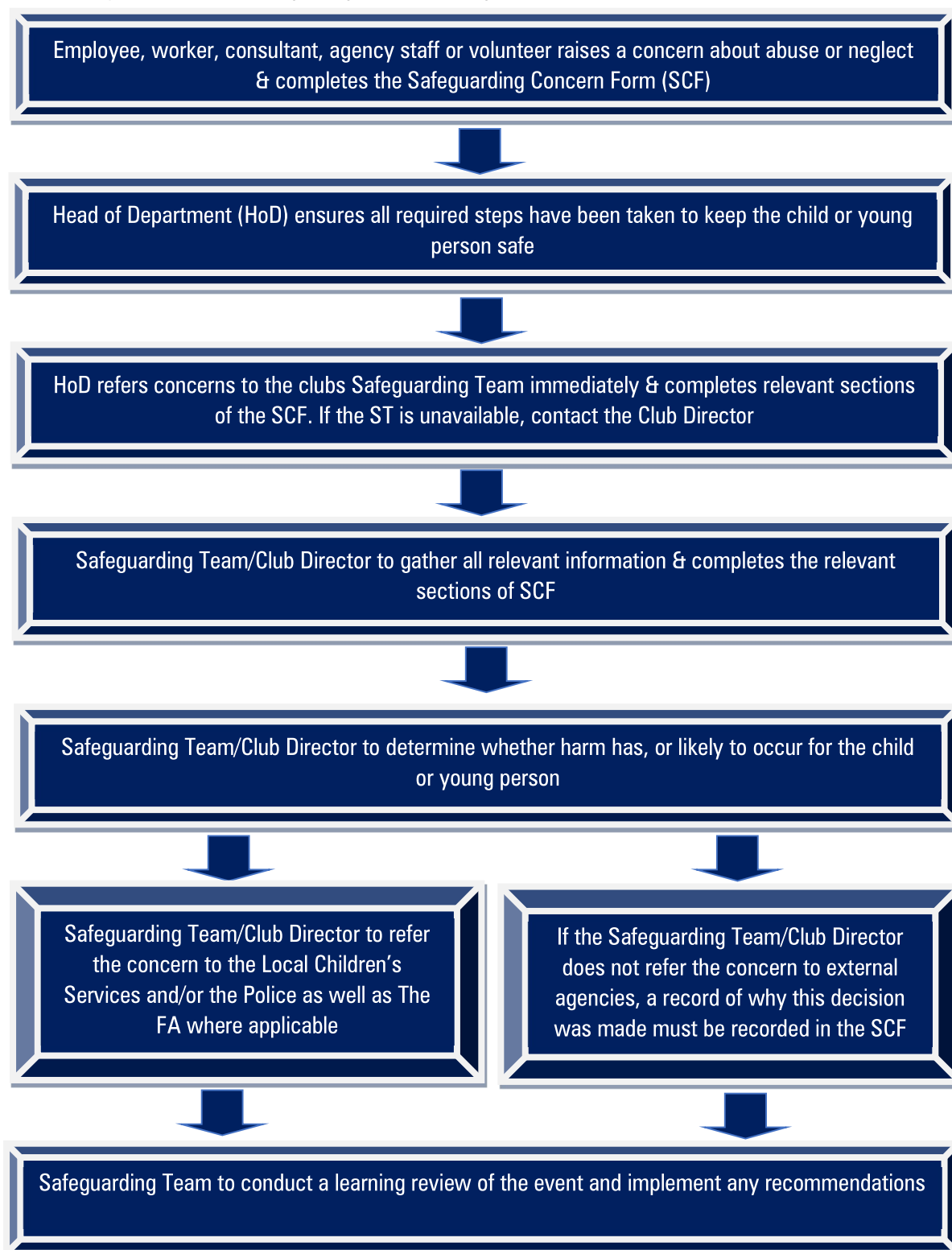
Flowchart for employees, workers, consultants, agency staff and volunteers who raise a concern about a child or young person:





Appendix 2

Flowchart for Heads of Department (HoD) and Safeguarding Team (ST) making a referral:





Appendix 3

Allegations against employees, workers, consultants, agency staff or volunteer's flowchart:





Any learning & recommendations from the case will be implemented

Appendix 4

Categories of abuse and neglect as defined in Working Together to Safeguard Children 2015:

Physical abuse	A form of abuse which may involve hitting, shaking, throwing, poisoning, burning, or scalding, drowning, suffocating or otherwise causing physical harm to a child or young person. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child or young person.
Sexual abuse	Involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether the child or young person is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing, and touching outside of clothing. They may also include non-contact activities, such as involving children or young people in looking at, or in the production of, sexual images, watching sexual activities, encouraging children or young people to behave in sexually inappropriate ways, or grooming a child or young person in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children or young people.
Emotional abuse (including bullying)	The persistent emotional maltreatment of a child or young person such as to cause severe and persistent adverse effects on the child or young person's emotional development. It may involve conveying to a child or young person that they are worthless or unloved, inadequate, or valued only in so far as they meet the needs of another person. It may include not giving the child or young person opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children or young people. These may include interactions that are beyond a child or young person's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child or young person participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber bullying), causing children or young people frequently to feel frightened or in danger, or the exploitation or corruption of children or young people. Some level of emotional abuse is involved in all types of maltreatment of a child or young person, though it may occur alone



Appendix 4 (Continued)

Categories of abuse and neglect as defined in Working Together to Safeguard Children 2015:

Neglect	<p>The persistent failure to meet a child, or young person's, basic physical and/or psychological needs, likely to result in the serious impairment of the child or young person's health or development. Neglect may occur during pregnancy because of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:</p> <ul style="list-style-type: none"> • Provide adequate food, clothing, and shelter (including exclusion from home or abandonment); • Protect a child or young person from physical and emotional harm or danger; • Ensure adequate supervision (including the use of inadequate caregivers); or • Ensure access to appropriate medical care or treatment. <p>It may also include neglect of, or unresponsiveness to a child or young person's basic emotional needs</p>
Drug abuse	<p>This is the habitual or compulsive use of legal and or illegal substances which can lead to addiction. This may lead to serious psychological, physical and general well-being issues. It is important that staff are trained in the recognising potential indicators of abuse, as early intervention can often assist in the safeguarding of children and adults at risk.</p>
Fabricated or Induced illness	<p>Fabricated or induced illness (FII) is a rare form of child abuse. It occurs when a parent or carer, usually the child's biological mother (90%), exaggerates or deliberately causes symptoms of illness in the child. However, it must be mentioned that other parents, guardians, and healthcare professionals have been responsible in some cases. (FII) is also known as "Munchausen's syndrome by proxy" (not to be confused with Munchausen's syndrome, where a person pretends to be ill or causes illness or injury to themselves).</p>
Faith Abuse	<p>Standard child safeguarding procedures apply in all cases where abuse or neglect is suspected, including those that may be related to particular belief systems. The number of cases of child abuse linked to faith or belief in spirits, possession and witchcraft is believed to be small, but where it occurs it causes much distress and suffering to the child. It is likely that a proportion of this type of abuse remains unreported. Abuse linked to faith or belief may involve a wider context, where the child is treated as a scapegoat in circumstances of family stress, deprivation, domestic violence, substance abuse and mental health problems.</p>
Forced Marriage	<p>There is a clear difference between a forced marriage and an arranged marriage. In arranged marriages, the families of both spouses take a leading role in arranging the marriage but the choice of whether or not to accept the arrangement remains with the young people. In a forced marriage, one or both spouses do not consent to the arrangement of the marriage and some elements of duress are involved. Duress can include physical, psychological, financial, sexual, and emotional pressure. Forced Marriage is an abuse of human rights and, where a child is involved, an abuse of the rights of the child.</p>



Appendix 4 (Continued)

Categories of abuse and neglect as defined in Working Together to Safeguard Children 2015:

Gang & Youth Violence	The vast majority of young people and education establishments will not be affected by serious violence or gangs. However, where these problems do occur there will almost certainly be a significant impact.
Female Genital Mutilation	The Female Genital Mutilation Act 2003 replaced the 1985 Act and made it an offence for the first time for UK nationals, permanent or habitual UK residents to carry out FGM abroad, or to aid, abet, counsel or procure the carrying out of FGM abroad, even in countries where the practice is legal. We have a mandatory duty to report to the police if we believe FGM has occurred. The duty to report applies where the relevant professional observes physical signs on the girl which appear to show that an act of FGM has been carried out on her, and the relevant professional has no reason to believe that the act was part of a permitted surgical operation; or where the girl informs the relevant professional that an act of FGM has been carried out on her. It is for the police, upon receipt of a report, to investigate the circumstances and to conduct enquiries into any alleged offence.
Gender Based Violence	The terms of 'gender-based violence' and 'violence against women' are often used interchangeably, as most violence against women is gender-based, and most gender-based violence is inflicted by men on women and girls. It is important to note that gender-based violence also includes violence perpetrated against men and boys. For instance, boys may become subjected to sexual abuse by family members or trafficked for the purpose of sexual exploitation.
Radicalisation	This is the action or process of causing someone to adopt radical positions on political or social issues. The Club have adopted Government guidance in relation to the Prevent Strategy and have a clear process which enables staff and young people to access an online course to enhance their understanding of related issues
Sexting	The club are aware of the increased use of devices worldwide in order to exchange sexual images of children. Whether consensual or by use of coercion and abuse, staff must consider the welfare of young persons and seek guidance from the Head of safeguarding or academy safeguarding officer immediately. Training and awareness of this sensitive issue shall form part of staff inductions, player, and parent inductions and across all aspects of the club.
Domestic Violence	Domestic Violence is an important indication of risk of harm to children. Children may suffer directly and indirectly if they live in households where there is domestic violence. Domestic violence is likely to have a damaging effect on the health and development of children. A child in a situation of Domestic Violence should be regarded as a "Child in Need".
Honour based Violence	There are a number of considerations to be taken into account when dealing with abuse within families. The impact upon all children within the household and the risk to them must be assessed accordingly. Should you suspect that this form of abuse is taking place, it is strongly advised that you pass your concerns on to the CWO or CD immediately.



Appendix 4 (Continued)

Physical and behavioural signs and indicators of abuse and neglect:

Category of abuse and neglect	Physical Signs	Behavioural Signs
Physical abuse	Unexplained and unusual bruising, finger and strap marks, injuries, cigarette burns, bite marks, fractures, scalds, missing teeth	Fear of contact, aggression, temper, running away, fear of going home, reluctance to change or uncover body, depression, withdrawal, bullying or abuse of others
Sexual Abuse	Genital pain, itching, bleeding, bruising, discharge, stomach pains, discomfort, pregnancy, incontinence, urinary infections or STIs, thrush, anal pain on passing motions	Apparent fear of a person, nightmares, running away, sexually explicit knowledge or behaviour beyond their years, masturbation, bed-wetting, eating problems, substance abuse, unexplained money, or gifts, acting out with toys, self-harm
Emotional Abuse	Weight change, lack of growth or development, unexplained speech disorders, self-harm, clothing inappropriate for child's age, gender, or culture etc.	Unable to play, fear of mistakes, fear of telling parents, withdrawn, unexplained speech and language difficulties, few friends
Bullying	Weight change, unexplained injuries and bruising, stomach pains and headaches, bed-wetting, disturbed sleep, hair pulled out	Difficulty making friends, anxiety over school, truancy, withdrawn, anger, moodiness, suicide attempts, reduced performance, money, and possessions reported as lost, stealing from within the family, distress and anxiety on reading texts or e-mails
Neglect	Constant hunger, ill-fitting or inappropriate clothes, weight change, untreated conditions, continual minor infections, failure to supply hearing	Always being tired, early, or late, absent, few friends, regularly left alone, stealing, no money, parent, or carer not attending or supportive



Appendix 5

Other applicable Policies and Procedures:

- Anti-Bullying Policy.
- Bullying and Harassment Policy.
- Data Handling and Protection Policy.
- Disciplinary Policy.
- Ejecting Children and Young People Policy.
- Equal Opportunities Policy.
- Grievance Policy.
- Health and Safety Policy.
- Lost Children and Young People Policy.
- Human Rights and Modern Slavery Policy.
- Recruitment Policy (and Safer Recruitment Guidance).
- Safeguarding Adults at Risk Policy & Procedures.
- Safeguarding Social Media Policy.
- Safeguarding Youth Academy Players in the First Team Policy.
- Searching Children and Young People Policy.
- Transport Policy.
- Tours Policy.
- Unaccompanied Children and Young People Policy.
- Whistleblowing Policy.
- Youth Academy Anti-Doping Safeguarding Policy.
- Youth Academy Safeguarding Players on Loan Policy.
- Youth Academy Safeguarding Players Release Policy.



Appendix 5 (Continued)

Relevant Legislation, Guidance and Regulations:

- Adoption and Children Act 2002.
- Children Act 1989.
- Children Act 2004.
- Children and Families Act 2014.
- Counterterrorism and Security Act 2015.
- Data Protection Act 1998.
- Equality Act 2010.
- FA Safeguarding Children Guidance.
- FA Respect Codes of Conduct.
- Female Genital Mutilation Act 2003.
- Forced Marriage Act 2008.
- Human Rights Act 1998.
- HM Government Information Sharing Guidance for Practitioners 2015.
- HM Government Working Together to Safeguard Children 2015.
- Modern Slavery Act 2015.
- Police Act 1997.
- Premier League Guidance for Safer Working Practice.
- Premier League Rules.
- Protection of Children Act 1999.
- Protection of Freedoms Act 2012.
- Rehabilitation of Offenders Act 1974.
- Safeguarding Vulnerable Groups Act 2006.
- Sexual Offences Act 2003.

These lists are not exhaustive.



Appendix 6

Multiuse Consent form (email ant.hasker@solihullmoorsfc.co.uk for original form):

MULTI-USE CONSENT FORM

A. PROJECT, ACTIVITY, EVENT, FIXTURE OR TRAVEL

Details:	
----------	--

B. PARTICIPANT DETAILS

Name	
Date of Birth	
Address	Post Code
Home Phone Number	
Mobile Phone Number (over 16 only)	
Email Address (over 16 only)	
School/College/Academy Name and Address	

C. PHOTOGRAPHS AND VIDEOS

I, the parent/carer/participant, do hereby grant or deny permission to Solihull Moors Football Club (the "Club"), to use photographs and/or videos of my child named in Section B, as marked by my selection below. Such use includes the display, distribution, publication or otherwise use of photographs and/or video taken of my child during the Club's activities.

☐ **Grant permission:** I give permission for photographs and/or videos of my child to be used in print and digital media. I agree that these photographs and/or videos may be used by Solihull Moors Football Club and its associated companies for marketing and/or promotional purposes, or provided to third party media outlets (such as newspapers and television channels), and I consent to such use through all media channels. I understand that my child's full name, if aged under 16, will not be listed in conjunction with any photographs and/or videos unless explicit consent is sought.

☐ **Deny permission** to use photographs and/or videos of my child at all.



Appendix 6 (Continued)

D. TRANSPORT AND SUPERVISION

Supervision includes being in sight or earshot of a Club employee or worker for Club run activities, training, matches and associated travel. Transport includes transportation provided by the Club to and from Club related activities (where necessary and appropriate in line with the Club's Transport Procedures) and matches.

I, the parent/carer/participant, do hereby grant or deny permission to the Club, to transport and supervise my child named in Section B, as marked by my selection below.

☐ **Grant permission**

☐ **Deny permission**

Where a child is under 16, we require your consent to allow that child to travel to/from the venue alone.

☐ **I consent** to my child travelling to/from the venue alone.

☐ **I do not consent** to my child travelling to/from the venue alone. I agree that I shall be responsible for arranging supervision of my child when travelling to/from the venue.

E. PARENT/CARER (IF UNDER 18) & EMERGENCY CONTACT DETAILS

Name	
Relationship to child:	
Address	Post Code
Home Phone Number	
Mobile Phone Number	
Email Address	
Emergency Contact Details <i>(if different from above)</i>	



F. INDIVIDUAL NEEDS

The Club is committed to ensuring that everyone participating in our activities has the best possible experience. Please let us know if you have any individual needs and we will endeavour to meet those needs.

The child named in Section B has (please circle as appropriate):		Provide details here, e.g. times medication must be taken, if help is required to administer medication, what exact access needs are required etc.
Dietary and Allergies	Disability and Access Needs	
Medication	Religious and Cultural Needs	
Any Other Needs		

G. CONSENT

I, give consent for the participant named in Section B, to take part in the match, tournament or tour etc. named in Section A and for the Club to provide medical treatment as appropriate in an emergency using the details as set out on this consent form. I acknowledge that, to the maximum extent permitted by law, the Club excludes all liability for loss, injury or damage to persons and property during the Activity/Project and during travel to and from the Activity/Project.

We will store and process any personal data in accordance with all relevant data protection laws.

Parent/Carer Signature		Date	
Player's Signature (if over 18)		Date	



Appendix 7

Accident and Injury Form (Front) (email ant.hasker@solihullmoorsfc.co.uk for original form)

INCIDENT / ACCIDENT REPORT FORM

Personal Details

Surname				
Forename(s)				
Date of Birth		Gender (Circle)	M	F
Address		Post Code		

Date & Time of Incident

--

Place of Occurrence

--

Type of incident (tick)

Incident (No Injury sustained)	<input type="checkbox"/>	Accident (injury)	<input type="checkbox"/>
Damage to Property	<input type="checkbox"/>	Illness	<input type="checkbox"/>

If injured person is a child or young person (under 18) has the parent/carers been notified?

Name & Contact details of person contacted & any discussion notes

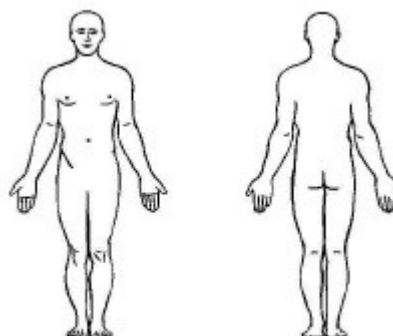


Appendix 7 (Continued)

Accident and Injury Form

Describe any injuries or damage sustained

Please circle location(s) of injuries



How did the incident occur?

What Caused the Incident?



Appendix 7 (Continued)

Accident and Injury Form:

Was treatment given?

What first aid supplies were used?

Where there any witnesses? If so, record details here:

Witness 1 Full Name:		Witness 1 Full Name:	
Address:		Address:	
Phone No:		Phone No:	

What (if any) actions were taken to prevent reoccurrences?

Name of person filling in this form (Print)	
Signature	

Head of Department (Print & Sign)	
-----------------------------------	--



Appendix 8

Safeguarding Concern Form (email ant.hasker@solihullmoorsfc.co.uk for original form):

Please complete sections A-H of this form as fully as you can, & as soon as possible after witnessing a Safeguarding incident or if one has been reported to you. Where possible, you should always seek consent of the child, young person, or adult at risk before sharing the information. If you are not sure whether you have consent, please contact the Safeguarding Team using the details below. If there is concern raised about a club employee, worker, consultant, agency staff or volunteer, you should not inform them that a safeguarding allegation has been made, until you have sought advice from the Safeguarding Team. If a person has literacy issues or additional needs & is unable to complete this form, you can complete this form on their behalf but must disclose this in Section F. Please complete the form within 24 hours, complete in black ink & return to ant.hasker@solihullmoorsfc.co.uk

Further information & support can be gained from:

Ant Hasker, Club Welfare Officer: 07704 088355

Claire Hasker, Safeguarding Officer: 07597 164008

Section A - Your Details

Full Name	
Your Role at the Club (if applicable)	
Contact Number	
Email Address	
Date & Time of Safeguarding Concern	Time:
Date & Time of Safeguarding Concern completed	Time:

Section B: Child, Young Person or Adult at risk details (The Child, young person or adult at risk who is potentially at risk of harm)

Child, young person, or adult at risk name	
Age of child, young person, or adult at risk	
Address	Post Code:
Telephone Number	
Date of Birth	

Section C - Alleged person to have caused the concern

Name of alleged person to have caused concern	
Address	Post Code:
Telephone Number	
Age of person alleged to have caused concern	
Date of Birth	



Appendix 8 (Continued)

Safeguarding Concern Form:

Section D - Confidentiality		
Has the child, young person or adult at risk given consent to share the information?	Yes	No
	if no, please state why:	

Have Parents given consent to share information?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Parents/Carers Address			
Parents/Carers Telephone Number			
List the names & contact details of any witnesses to the concern:	Name	Details	
	Name	Details	
	Name	Details	
Section G - Acknowledgement			
All the information recorded on the Safeguarding Concern Form is accurate to my knowledge			
Signed			
If completing on behalf of another person, please ensure they sign above, & you provide your name & contact details			



Appendix 8 (Continued)

Safeguarding Concern Form:

Section H: Body Map (if Applicable)

Record any physical injuries or marks you notice on the body map. Place a mark where the injury is & then a line out to written text describing the nature of the injury.

Care should be given to state:

Specific location, eg right elbow

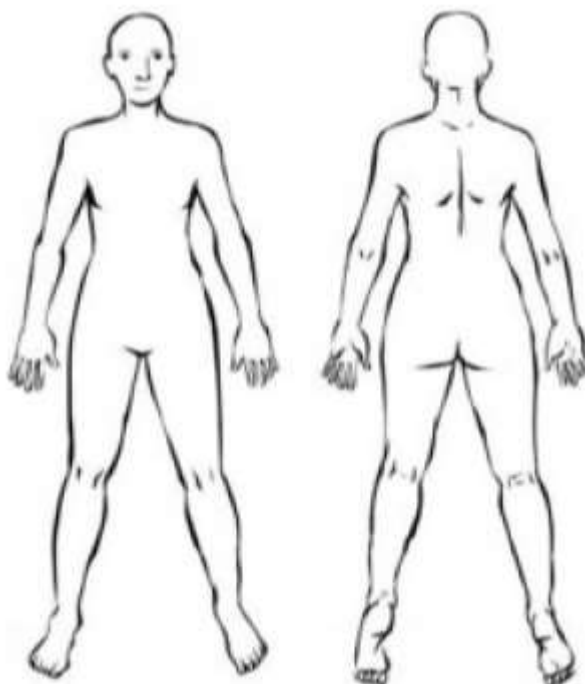
Description of the injury, eg colour of bruise, bleeding, scabbing etc

Approximate size of the injury by relating to objects of a standardised size, such as British coins

Sign your name & date injury recorded

Example: Open wound above right eyebrow which was bleeding. Approximately the size of a 10p coin.

John Doe, 01/01/2018



Please return completed form to ant.hasker@solihullmoorsfc.co.uk within 24 hours of the concern being raised



Appendix 9

Covid-19 Risk Assessment

Critical Controls

1. Do not come to work if you or someone you live with has either:
 - a high temperature
 - a new, continuous cough
 - a loss of, or change to, your sense of smell or taste
2. Wash your hands regularly for 20 seconds, each time using soap and water, or use an alcohol-based hand sanitiser.
3. Stay at least 2 metres apart from anyone outside of your own household as much as possible.
4. If you have symptoms of coronavirus illness (COVID-19), however mild, get tested within 5 days of feeling ill – Gov. UK guidelines - stay at home for **7 days** from when your symptoms started.
After 7 days, if you still have symptoms other than a cough and/or loss of smell or taste, isolate until you feel better.

If anyone you live with has symptoms of coronavirus (COVID-19), then you must stay at home and not leave the house for **14 days**.

The 14-day period starts from the day when the first person in the house became ill. If they then start to display symptoms, they need to stay at home for 7 days from when the symptoms appeared, regardless of what day they are on in the original 14-day isolation period.



This risk assessment outlines additional controls to be implemented across our business.

Ref:	Identify		Evaluate			Eliminate/Reduce/Mitigate Action	Re-Evaluate			Review/Action Comments/Action Taken (Add as appropriate)
	Risk	Those at Risk	Risk Rating			Control Measures	Revised Rating			
			L	S	R		L	S	R	
1a	<p>Transmittal of infection from person to person, usually after close contact with an infected individual - for example, in a household or a workplace.</p> <p>Additional risk areas include:</p> <ul style="list-style-type: none">Vulnerable people as defined by Public Health England guidance.Extremely vulnerable people as defined by Public Health England guidance.Anyone living with someone who is shielding from COVID-19 is at risk of spreading the virus to the person being shielded.There is a risk of transmitting the virus if someone who should be in self-isolation attends pre-school.If an adult or child develops a high temperature or a persistent cough while at pre-school (known symptoms of COVID – 19).	All	5	5	25	<ul style="list-style-type: none">Adults stay 2 metres away from other adults.Wash your hands regularly for 20 seconds, each time using soap and water, or use an alcohol based hand sanitiser – children and adults.Avoid touching eyes, nose and mouth. Cough or sneeze into a tissue and put it in a bin followed by hand-washing with soap and water or alcohol based hand sanitiser.Vulnerable people are to be particularly stringent in following social distancing measures.All extremely vulnerable people have been contacted by the NHS in England with advice about even more stringent measures. Any staff in this situation informed to remain at home.Anyone living with someone who is shielding from COVID-19 should stringently follow the government’s guidance.Staff have been informed if they are unwell, for any reason, they must not attend the holiday scheme.If anyone has symptoms of COVID-19 they must stay at home and get tested within 5 days – Gov. UK Guidance.If children or staff or members of their household have symptoms of COVID-19 illness, however mild, stay at home for 7 days from when your symptoms started, and they must get tested for COVID19. After 7 days, if you do not have any symptoms, you do not need to continue to self-isolate. If you still have symptoms other than cough and loss of smell or taste, isolate until you feel better. You do not need to self-isolate if you just have a cough after 7 days, as a cough can last for several weeks after the infection has gone.Parents have been informed if their children have any sign of illness, they must not attend any Solihull Moors Football Club Activity.If anyone you live with has symptoms of COVID-19, then you must stay at home and not leave the house for 14 days. The 14-day period starts from the day when the first person in the house became ill. If they then start to display symptoms, they need to be tested and to stay at home for 7 days from when the symptoms appeared, regardless of what day they are on in the original 14-day isolation period.Anyone developing symptoms at work is to return home immediately and avoid touching anything. They must then follow the guidance on self-isolation and not return to Solihull Moors Football Club Activities until their period of self-isolation has been completed.If there is a Suspected Case of Coronavirus the ‘bubble’ of children and staff is closed down until tests are completed.See attached Protocol for Suspected Case of Coronavirus – follow Government Guidelines.See attached Protocol for Confirmed Case of Coronavirus – follow Government Guidelines.Disposable gloves and mask to be worn if any child or staff presents unwell to protect the member of staff attending to the child or member of staff.	2	5	10	<p>Note: The 10 grade is for adults and for children it would be 4.</p> <ul style="list-style-type: none">No vulnerable adults identified within staff.



2	<p>Travel to place of work.</p> <ul style="list-style-type: none"> When traveling to work premises there is a clear risk of being unable to maintain the social distancing requirement of 2 metres if using public transport or car sharing. If staff become unwell at work how do they return home? 	All	4	4	16	<ul style="list-style-type: none"> All staff will be travelling alone and not using public transport. Staff are advised to maintain social distancing of 2m when leaving and getting into their cars. If staff member too unwell to drive themselves home or be collected by a family member then a taxi will be summoned. 	1	5	5
3	<p>Premises access points when entering or leaving.</p> <ul style="list-style-type: none"> There is also the possibility of people not maintaining the social distancing requirement of 2 metres if they have to queue to get in or leave. 	All	4	4	16	<ul style="list-style-type: none"> Stop all non-essential visitors – parents/players informed, and premises secured. Parents/players to be sent Covid-19 (information for parents) activities protocol. Details includes 2m social distancing and staggered collection and drop-off times. Plan entering and leaving points to enable social distancing. Allow plenty of space (2 metres) between people waiting to enter premises. Chalked floor markings on footpath to ensure 2 metre distance is maintained between people when queuing. 	1	5	5
4	<p>Hand washing facilities.</p> <ul style="list-style-type: none"> Risk of people not maintaining the social distancing requirement of 2 metres. 	All	4	4	16	<ul style="list-style-type: none"> Children will wash their hands within their 'bubble'. Adults will remain 2m social distance at all times Stock control measures in place and audit completed weekly. Regularly clean the hand washing facilities Hands-free pedal bin provided in the toilets Emptied end of each session. 	1	5	5
5	<p>Toilet facilities.</p> <ul style="list-style-type: none"> Risk of people not maintaining the social distancing requirement of 2 metres. Risk of being unable to sufficiently maintain the facilities and the risk of managing waste handtowels. 	All	4	4	16	<ul style="list-style-type: none"> Paper towels will be used, and the hand-dryer will be switched off. Hands-free pedal bin will be available and emptied at the end of each session. Separate toilet facilities for staff with disinfectant wipes provided. Staff will use the main toilets which will be supplied with disinfectant wipes to clean surfaces and before and after use – again one adult at a time. 	1	5	5
6	<p>Kitchens and eating arrangements.</p> <ul style="list-style-type: none"> Risk of people not maintaining the social distancing requirement of 2 metres. 	All	4	4	16	<ul style="list-style-type: none"> Staff remain within their 'bubble' at the end of each game, & maintain 2 metre distancing where possible in seating arrangements. All rubbish will be put straight in the bin which will be emptied at the end of each session. 	1	5	5



8	First aid provision <ul style="list-style-type: none"> Situations where first aid needs to be administered leading to the 2-metre distance being temporarily unachievable. 	First aiders and injured persons	5	5	25	<ul style="list-style-type: none"> Staff in the child's bubble will administer First Aid response wearing gloves. If child or adult presents with sickness or diarrhoea staff will wear disposable apron, gloves, and mask. Emergency plans including contact details are kept up to date and readily accessible. Refer to protocol for 'suspected' case. 	3	5	15	
9	Cleaning <ul style="list-style-type: none"> Viruses can be transmitted on touchable surfaces, so it is essential to maintain suitable cleaning regimes to reduce the potential risk of cross contamination. Risk to staff cleaning potentially contaminated surfaces. All equipment to be cleaned after each session & sanitised 	All	4	5	20	<ul style="list-style-type: none"> Enhanced cleaning procedures are in place across the toilets and equipment. In particular at touch points including: <ul style="list-style-type: none"> Taps and washing facilities. Toilet flush and seats. Handrails on and corridors. All equipment will be thoroughly cleaned at the end of each session. <p>Coaches responsibility to sanitise & clean all equipment after each session, including bibs, balls, cones etc</p>	2	5	10	

Assessment ratings:

Likelihood (L)

5	Almost Certain
4	High
3	Medium
2	Low
1	Improbable

Severity (S)

5	Major
4	High
3	Medium
2	Low
1	Insignificant

Risk Rating (R)

5	5	10	15	20	25
4	4	8	12	16	20
3	3	6	9	12	15
2	2	4	6	8	10
1	1	2	3	4	5
	1	2	3	4	5

Red ----- Very high, stop activity

Orange --- High, additional measures required where possible

Yellow ----- Medium, tolerable subject to

monitoring

Green ----- Low, acceptable keep under review

Light Green ---- Low, works should continue



Appendix 10

Key Safeguarding Contacts

Club Director	ALEX ALEXANDROU	07767 687443	ALEX.ALEXANDROU@SOLIHULLMOORSFC.CO.UK
Club Welfare Officer	ANT HASKER	07704 088355	ANT.HASKER@SOLIHULLMOORSFC.CO.UK
Health & Safety Manager	HENRY HISLOP	07957 847531	HENRY@CSAWSOLUTION.COM
Head of Youth & Junior	ANT HASKER	07704 088355	ANT.HASKER@SOLIHULLMOORSFC.CO.UK
Schools Co-Ordinator/	BECCI FOX	07884 020712	BECCI.FOX@SOLIHULLMOORSFC.CO.UK
Social Inclusion			
Football & Education	MYLES COOPER	07775 927175	MYLES.COOPER@SOLIHULLMOORSFC.CO.UK
Manager			
Disability Manager	BECCI FOX	07884 020712	BECCI.FOX@SOLIHULLMOORSFC.CO.UK
Safeguarding Officer/	ANDY SKIPP	07730 671637	ANDY.SKIPP@SOLIHULLMOORSFC.CO.UK
Y&J Chairman			
Safeguarding Officer	CLAIRE HASKER	07597 164008	CLAIRE.HASKER@SOLIHULLMOORSFC.CO.UK
Safeguarding Officer	GAZ DAVIES	07912 658787	GAZZADAVIES77@MSN.COM
Safeguarding Officer	STUART CALDICOTT	07788 697216	
Safeguarding Officer	LAURA WALTON	07702 945704	LAURA@CLWDESIGN.CO.UK
Safeguarding Officer	SIMON PROSSER	07477 779990	SIPROSS@YAHOO.CO.UK
Safeguarding Officer	JOSEPH BUTLER	07984 608390	SOLIHULLMOORSJB@OUTLOOK.COM
Safeguarding Officer	KEVIN REDMOND	07905 375958	KEVRREDMOND70@GMAIL.COM
Safeguarding Officer	ALEX ALEXANDROU	07767 687443	ALEX.ALEXANDROU@SOLIHULLMOORSFC.CO.UK
Solihull Moors Women	DAVID HEALEY	07857 451887	WOMENSMANAGER@SOLIHULLMOORSFC.CO.UK
Birmingham FA	ANDY WHEELER	0121 357 4278	SUPPORT@BIRMINGHAMFA.COM
Safeguarding Lead			
NSPCC Helpline		0800 800 5000	



Appendix 10

Key Safeguarding Contacts

Childline	0800 1111
National Association Abused in Childhood (NAPAC)	0800 085 3330 For Children WWW.NAPAC.ORG.UK
CEOP	WWW.CEOP-POLICE.UK
Safer Internet Centre	0844 381 4772
Local Authority Designated Officers	(LADO) 0121 675 1669