MIDDLESBROUGH FOOTBALL CLUB

AND

MIDDLESBROUGH FOOTBALL CLUB FOUNDATION

SAFEGUARDING ADULTS AT RISK POLICY

2025-26

Contents

STATEMENT OF COMMITMENT

1. POLICY PURPOSE 4

2. RELATIONSHIP TO THE ORGANISATIONS SAFEGUARDING POLICY 5

3. POLICY SCOPE 5

4. DEFINITIONS 5

5. KEY PRINCIPLES OF ADULT SAFEGUARDING 6

6. ABUSE 6

6.1 DEFINTION OF ABUSE 6

6.2. CATEGORIES OF ABUSE 7

6.3 INDICATORS OF ABUSE 8

6.4 ALLEGATIONS OF NON-RECENT ABUSE 9

7. CAPACITY 10

7.1 DEFINING AND ASSESSING CAPACITY 10

7.2 STATUATORY PRINCIPLES 10

8. SUPPORTING AND RESPONDING TO CONCERNS AND DISCLOSURES 11

9. POLICY APPENDIX 15

APPENDIX 1 15

10. PROCEEDURE FLOWCHART 16

11. LINKED POLICIES 17

12. USEFUL CONTACTS, LEGISLATON AND GUIDANCE 17

12.1 USEFUL CONTACTS 17

12.2 LEGISLATION, POLICIES AND GUIDANCE 20

13. POLICY UPDATES 21

STATEMENT OF COMMITMENT

Middlesbrough Football Club ("MFC") and Middlesbrough Football Club Foundation ("the Foundation") (together "the Organisations") are fully committed to the safeguarding and welfare of children, young people, young players, and adults at risk (" Vulnerable Persons") in all groups including customers, supporters, participants and staff; and expects all Organisation Personnel (which for the purpose of this Policy includes volunteers), players and participants to share this commitment. This is paramount to the Board of both Organisations.

The Organisations make provisions for Vulnerable Persons ensuring that:

- the welfare of these persons is paramount.
- all Vulnerable Persons, whatever their age, culture, disability, gender, language, racial origin, religious belief, and/or sexual identity have the right to safety and protection from abuse and harm.
- processes are in place for the protection of Vulnerable Persons from radicalisation.
- all suspicions and allegations of abuse will be taken seriously and responded to swiftly and appropriately.
- all Organisation Personnel have a responsibility to report concerns to the Head of Safeguarding or Designated

  Safeguarding Officers.
- safeguarding is everyone's responsibility.

Signed on behalf of Middlesbrough Football Club & Middlesbrough FC Foundation

Neil Bausor

Chief Executive – Middlesbrough Football Club

John Baker

Chair– Middlesbrough FC Foundation

1. POLICY PURPOSE

The organisations are committed to creating opportunities for Adults at Risk and adults who have additional vulnerabilities to participate in a broad spectrum of activities at the club at the same time as creating a safer culture for the participants. The participation of adults may be as players, coaches, employees, volunteers, officials, administrators, visitors, customers, spectators, or participants,

The organisations have a moral, legal, and social responsibility to provide a fun and safe environment for all those participating in these activities. The organisations have also made a commitment to manage and monitor allegations of discrimination, harassment, abuse, and bullying.

The Safeguarding Adults at Risk Policy provides additional guidance around safeguarding Adults at Risk. It is also there to support the reaction to incidents on occasions where proactive and preventative work has failed and where harm has occurred by acts of commission or omission and where the Adult at Risk has not been able to safeguard themselves. Its function is to ensure that safeguards are put in place to keep Adults at Risk, safe and to prevent such harm occurring again, either to the same Adult at Risk, or to other Adults at Risk.

Middlesbrough Football Club and Middlesbrough Football Club Foundation are committed to football being inclusive and providing a safe and positive experience for everyone involved in their activities.

Whilst it is hoped that the proactive preventative work, including training, vetting and providing clear policies are sufficient to safeguard all adults at Middlesbrough Football Club and Middlesbrough Football Club Foundation, the organisations recognise that they have a responsibility to safeguard Adults at Risk from abuse and harm and to respond where abuse and harm are perceived to have occurred.

The responsibility taken by this policy is to:

- Safeguard the welfare of Adults at Risk at Middlesbrough Football Club and Middlesbrough Football Club Foundation by protecting them from any significant physical, sexual, and emotional harm, and also from neglect, bullying and financial harm within the organisations. This may include training and codes of conduct amongst other strategies for reducing risk.
- Ensure that reports are made to the appropriate authorities about any concerns about abuse or harm to Adults at Risk, whether this occurs within the organisations or elsewhere, whether this be a potential criminal offence or other concern. The appropriate authorities may be internal and external to football. This will include following the organisations' reporting frameworks.
- Ensure appropriate investigations and responses to concerns about abuse or harm within Middlesbrough Football Club or Middlesbrough Football Club Foundation, utilising the disciplinary process as appropriate. This will include work in partnership with the Police and other statutory agencies charged with investigating and responding with the adult who is believed to be at risk or believed to have been harmed.
- Following such investigations, act to put appropriate safeguards in place to safeguard the Adult at Risk in the future and to reduce the risk of harm to other Adults at Risk in the organisations.

The organisations have the power as part of their Disciplinary Procedures to issue a suspension, pending a risk assessment where any one or more of the following applies:

- The individual fails to comply with any part of the organisation's DBS Processes.
- The individual has been convicted of or has been given a caution for, a sexual or violent offence or any other offence that the organisations believe to be relevant to the care of Adults at Risk.
- Following a risk assessment, the organisations are satisfied on the balance of probabilities that the individual poses or may pose a risk of harm to Adults at Risk.

2. RELATIONSHIP TO THE ORGANISATIONS SAFEGUARDING POLICY

This policy is in addition to our main Safeguarding Policy in order to give extra information about Safeguarding of Adults at Risk.

For further information please refer back to main Safeguarding Policy.

3. POLICY SCOPE

This policy applies to all activities run or manged by either Organisation whether they are undertaken within the Stadiums, Training Ground, Academy, Foundation facilities or at any external venues.

4. DEFINITIONS

Adult at Risk

A person aged 18 or over, who has needs for care and support (regardless of whether the local authority is meeting any of those needs) and

- is experiencing, or at risk of, abuse or neglect and
- as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.

Organisational Personnel

Any member of the workforce for either Middlesbrough Football Club or Middlesbrough Football Club Foundation, in a paid or unpaid capacity including volunteers.

5. KEY PRINCIPLES OF ADULT SAFEGUARDING

Although some adults may not meet the legal definition of 'Adults at Risk,' the organisations recognise that individuals may be vulnerable at some times and not others. Even if an adult does not meet the legal definition of an Adult at Risk they may have or present with additional vulnerabilities.

Safeguarding adults can be complex. Adults have a right to self-determination and may choose not to act to protect themselves. They also may not wish to have others intervene to safeguard them. As a principle, safeguarding concerns should be discussed with the adult to establish their views and involve them in the safeguarding process. Occasionally however this may not be possible or safe. If in doubt seek advice from the CHOS or appropriate DSO.

When safeguarding adults, the six principles of the Care Act 2014 apply. The principles work together to ensure safeguarding is made personal.

The six principles are:

- Empowerment: People being supported and encouraged to make their own decisions and informed consent.
- Prevention: It is better to take action before harm occurs.
- Proportionality: The least intrusive response appropriate to the risk presented.
- Protection: Support and representation for those in greatest need.
- Partnership: Local solution through services working with their communities.
- Accountability: Accountability and transparency in delivering safeguarding.

6. ABUSE

6.1 DEFINTION OF ABUSE

Abuse includes any form of physical, emotional, or sexual mistreatment or lack of care that leads to injury or harm.

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 support the person's health or 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 person.

Abuse can happen to an Adult at Risk regardless of their age, gender, race, or ability.
Abuse or harm could occur as part of the organisations' activities, or it could be reported to a member of organisational personnel (or indicative signs noticed) when it has occurred elsewhere.

There may be complex scenarios for example:

- Adults at Risk playing, officiating, coaching, spectating, or administering within a variety of activities at Middlesbrough Football Club or Middlesbrough Football Club Foundation who may be at risk of harm from other adults, who may or may not be at risk themselves. Harm may be deliberate or result from not understanding the Adult at Risk's needs (commission or omission).
- Adults at Risk may be at risk of harming others in the organisations' activities either by deliberate behaviours or by failing to understand their responsibilities to others. On these occasions the Adults at Risk may need help and support to manage his or her behaviour in a suitable way or may need to have certain responsibilities removed from them. Safeguards may need to be put in place to protect others.
- Adults who have been 'at risk' in the past who are now 'not at risk,' (example: people recovering from mental health issues). Where these adults are seeking positions of responsibility at Middlesbrough Football Club or Middlesbrough Football Club Foundation but have criminal records or issues from their past which are directly related to these periods of vulnerability, detailed risk assessments will be undertaken.
- Adults at risk may also be at risk of harming themselves through failing to realise and report when they need additional or different support in Middlesbrough Football Club or Middlesbrough Football Club Foundation activities.

6.2. CATEGORIES OF ABUSE

In Adult Safeguarding there are ten main categories of abuse as set out below:

- Physical (including hitting, slapping, pushing, kicking, misuse of medications, restraint, or inappropriate sanctions)
- Psychological (including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, verbal abuse, isolation, or withdrawal from supportive networks)
- Sexual (including rape and sexual assault or sexual acts to which the person has not, or could not consent and/or was pressured into consenting)
- Financial (including theft, fraud, exploitation - wills, property, inheritance, possessions, or benefits)
- Organisational
- Neglect (including ignoring medical and/or physical care needs, failure to provide access to health, social care, or educational services, withholding necessities of life, e.g., medication, adequate nutrition, and heating)
- Self-Neglect
- Discriminatory (based on a protected characteristic)
- Modern Slavery
- Domestic Abuse

Sometimes there will be obvious signs and symptoms of abuse, but in most circumstances the indicators may be very difficult to detect. Combinations of factors which individually might not give cause for concern could be much more worrying when considered together. The abuse may be committed by one individual against another or be institutional in that the whole organisation colludes in abusive practices either through ignorance or choice. Should you have any concern that abuse is occurring you should contact the CHOS or appropriate DSO immediately as well as recording the concern on the Electronic Case Management System.

For more information relating to types of abuse please refer to our Safeguarding Policy.

6.3 INDICATORS OF ABUSE

Physical Abuse Indicators

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

Sexual Abuse Indicators

- Person discloses fully or partially that sexual abuse is occurring or has occurred in the past.
- Person has urinary tract infections or sexually transmitted diseases that are not otherwise explained.
- Person appears unusually subdued, withdrawn or has poor concentration.
- Person appears reluctant to be alone with a person known to them.
- Person has unusual difficulty in walking or sitting.
- Person experiences pain, itching or bleeding in genital or anal area.
- Bruising to thighs or upper arms.
- Bites on various parts of the body.
- Person exhibits significant change in sexual behaviour or outlook.
- Person’s underclothing is torn, stained or bloody.
- A woman, who lacks the capacity to consent to sexual intercourse becomes pregnant.

Psychological Abuse Indicators

- Untypical ambivalence, deference, passivity, resignation.
- Person appears anxious, withdrawn, or fearful, especially in the presence of specific people.
- Person appears to have a poor opinion of themselves.

- Person appears to lack the opportunity to make choices or have adequate privacy.
- Untypical changes in behaviour or routines of daily living.
- Person appears isolated and deprived of social contact.
- Person is unable to maintain eye contact having previously been able to.

Financial Abuse Indicators

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

Neglect Indicators

- Person lives in accommodation which falls below minimum practical standards.
- Person has inadequate heating and/or lighting.
- Person's physical appearance or condition is poor.
- Person appears to be malnourished or dehydrated.
- Person is observed to be left in wet clothing.
- Failure to obtain health services when the person is ill.
- Person does not appear to be taking the prescribed medication.
- Callers/visitors refused access to the person.
- Person is exposed to unacceptable risks.

6.4 ALLEGATIONS OF NON-RECENT ABUSE

Allegations of harm or abuse may be made some time after the event, e.g., by an adult who was abused as a child or by a member of Organisation Personnel who is still currently working with Vulnerable Persons. Where such an allegation is made, the Organisation will follow the procedures as detailed in this Policy and report the matter directly to the Police or Social Services.

Non-recent abuse is the term used to refer to disclosures of abuse that were perpetrated in the past. It can also be about a disclosure of neglect, physical, sexual, or emotional abuse from someone who is now 18 years or over, relating to an incident that took place when the alleged victim was under 18 years old.

Allegations of abuse can be received by anyone and can be made against relatives, friends, carers, people in the public eye or in a position of trust, or any other person who currently has or previously had contact with Vulnerable Persons.

All concerns or disclosure relating to non-recent abuse must be reported to the CHOS or directly to the police. (including but not limited to, when the victim and/or perpetrator are deceased)

7. CAPACITY

It is not for organisational personnel to make a decision about whether an Adult at Risk lacks Capacity, but it is useful for all to have an understanding of the notion of capacity.

8.1 DEFINING AND ASSESSING CAPACITY

A person's capacity must be assessed specifically in terms of their capacity to make a particular decision at the time it needs to be made. Anyone assessing someone's capacity to make a decision for themselves should use the two-stage test of capacity:

- Does the person have an impairment of the mind or brain, or is there some sort of disturbance affecting the way their mind or brain works? (It does not matter whether the impairment/disturbance is temporary or permanent)
- If so, does that impairment or disturbance mean that the person is unable to make the decision in question at the time it needs to be made?

Assessing ability to make a decision:

- Does the person have a general understanding of what decision they need to make and why they need to make it?
- Does the person have a general understanding of the likely consequences of making, or not making, this decision?
- Is the person able to understand, retain, use, and weigh up the information relevant to this decision?
- Can the person communicate their decision (by talking, using sign language or any other means)? Would the services of a professional (such as a speech and language therapist) be helpful?

In most instances a doctor or other professional expert will assess an Adult at Risk's capacity. Where background information such as this is available for Adults at Risk in our care, for example from a partner agency, the information should be stored confidentially.

In most localities an Independent Mental Health Capacity Advocate (IMCA) is appointed to assist a person who is judged to lack capacity.

7.2 STATUATORY PRINCIPLES

The Mental Capacity Act 2005 sets out five statutory principles:

- A person must be assumed to have capacity unless it is established that they lack capacity.
- A person is not to be treated as unable to make a decision unless all practical steps to help them to do so have been taken without success.
- A person is not being treated as unable to make a decision merely because they make an unwise decision.
- An action taken or decision made, for or on behalf of a person who lacks capacity must be done, or made, in their best interests.
- Before the action is taken, or the decision is made, regard must be had to whether the purpose for which it is needed can be as effectively achieved in a way that is less restrictive of the person's rights and freedoms.

8. SUPPORTING AND RESPONDING TO CONCERNS AND DISCLOSURES

Should you have any concern that abuse is occurring you should contact the CHOS or appropriate DSO immediately as well as recording the concern on the Electronic Case Management System.

The coordinator of each activity involving Adults at Risk at the organisations, will ensure that the participants know how to get help, how they can report abuse, who to report it to and what response they can expect.

Some people who have been abused are able to speak to someone about it and wish action to be taken. Others are very reluctant to talk about the experience. There may be several reasons for this, for example:

- It may just be too painful emotionally, to talk about what happened. Feelings of shame and embarrassment often inhibit people reporting concerns.
- There may not be an opportunity to see someone who is trusted, privately.
- There may be anxiety about repercussions from the perpetrator or others if the abuse is reported. #
- There may be a worry about "where it will all end," for example if the police are told, or perhaps a fear of going to court.
- The abused person may just be prepared to put up with it.
- Communication and language may be an inhibitor.
- The person may not recognise an experience to be abusive if their previous life experiences have been confusing.

People with poor mental health and mental ill heath are often under-represented in safeguarding referrals. In addition to the concerns listed above, inhibitors could include:

- Not being believed.
- Effects of stigma.
- Powerlessness, lack of choice, power differences.
- Fear of a continuing oppressive regime.
- The perceived victim could have confused feelings towards the abuser.

If abuse is suspected, it is very important to try and create the opportunity for the person to disclose what is happening. It is crucial to give adults confidence to know that they will be listened to. In some situations, the worst thing to do might be to keep asking if everything is alright. In others, a few encouraging prompts might be just what the person was waiting for. The following might help to create the right atmosphere:

- Identifying a named person responsible for safeguarding for activity or event, who is a familiar face to the adult(s). This measure is intended to be empowering.

Where abuse is suspected, identify the member organisation personnel the person appears to trust the most and create an opportunity for the person to share their concern with this person.

Where there is factual evidence available, it may be useful to let the person know it has been observed so that the person does not feel they are telling about something that is a complete surprise.

As the person might be worried about losing control of the situation if they tell, it might be helpful to give assurances that after disclosing abuse, the person is always asked what they wish to do about it. Respect will be given to their wishes, but there are various circumstances where it will be necessary to report a concern against a person's wishes, particularly when others would be left at risk. Do not guarantee that you will keep to yourself, what they want to tell you.

Key points to remember about disclosure

- Many incidents of abuse or crimes only come to light because the abused person themselves tells someone.
- Organisational Personnel must be aware that the person may not appreciate the significance of what they are sharing. They may not realise or accept they are being abused.
- Disclosure may take place many years after the actual event or when the person has left the setting in which they were afraid.
- Even if there is a delay between the actual event and the disclosure, Organisational Personnel should demonstrate to the person that they are taking what the person is saying seriously, unless it is clear and provable that the events they are describing could not have happened.

If someone discloses abuse to a member of Organisational Personnel, they must:

- Stay calm and try not to show shock.
- Listen carefully rather than question directly.
- Be empathetic and offer reassurance.
-
- Be aware of the possibility that medical evidence might be needed.

Organisation Personnel should tell the person that:

- They did right to tell.
- The information is being taken seriously.
- It was not their fault.

Members of Organisational Personnel must make sure they write everything down as soon as possible including any observations made before, during or after a disclosure. This will then need to be reported to the CHOS or appropriate DSO immediately as well as recording the concern on the Electronic Case Management System.

Information to be made available to the safeguarding team when recording a disclosure or allegation

- Name, date of birth, address of the alleged victim.
- Name, date of birth, address of the alleged perpetrator.
- Who you are and how you are involved.

- What happened where and when (including any lead-up)
- Note the time of day, date, and location of the incident.
- Describe how the disclosure came about.
- Describe what happened and any injuries or consequences for the victim.
- Where appropriate, use a body map to indicate where there are cuts or bruises.
- Any action taken.
- The current position including any concerns about safety of the alleged victim and any other person.
- Who else is involved?
- How aware of the referral is the victim, perpetrator, carers, or relatives.
- Any known views of the alleged victim regarding how they wish the matter to be dealt with any other background information that is likely to be helpful.
- Keep the information as concise and factual as possible.
- Date of the report

Establishing the victim's wishes

It is very important that members of Organisational Personnel do not investigate concerns themselves. The following guidance should be adhered to.

- Where there is no immediate danger or emergency, there is an opportunity discuss the adult's wishes in relation to the concern raised.
- There is a need to establish who the victim would most like to talk to about the matter.
- Liaise with the CHOS and/or appropriate DSO.
- If the adult wishes to speak to a member of Organisational Personnel, they must familiarise themselves with all possible options, and prior to the speaking to the person and seek advice as to the possible consequences of each option for the victim.
- It is important to remember that speaking to the adult is only to establish what the victim wishes to do about the incident, not about the incident itself.
- Important to allow the adult time to consider the options and if uncertainty, offer to meet again.

Evidence Preservation

Organisational Personnel should ensure their first concern is for the safety and welfare of the adult involved. Efforts to preserve evidence however may also be vital. In all cases but where police involvement is required preservation of evidence is crucial if the police investigation is to be effective. What Organisational Personnel do or do not do in the time whilst waiting for the police may make all the difference. The following checklist aims to help you to ensure that vital evidence is not destroyed.

In the case of a person who has been physically abused, who wishes to show a member of Organisational Personnel an injury, they must only observe what they consent to show and what is appropriate. They must not touch what does not have to be touched. Wherever possible things should be left as they are. Organisational Personnel should not clean up, not wash anything or in any way remove fibres, blood etc. If they do have to handle anything at the scene keep this to a minimum.

Do not touch any weapons unless they are handed directly to you. If this happens, keep handling to a minimum. Place the weapons in a locked secure place and if appropriate within a knife box until the police can collect.

Preserve anything that was used to comfort the abused person, for example a blanket.

Secure the room. Do not allow anyone to enter unless strictly necessary to support you or the abused person and/or the alleged perpetrator, until the police arrive. The Police may organise a medical examination urgently.

Prior to the arrival of the police and medical examination:

- Ensure that no one has physical contact with both the abused person and the alleged perpetrator as cross-contamination can destroy evidence. It is acknowledged that if Organisational Personnel are working alone in the situation, they may have to support both the abused person and the alleged perpetrator e.g., where the alleged perpetrator is also a Middlesbrough Football Club or MFC Foundation service-user. You need to be aware that cross-contamination can easily occur.
- Preserve any bloodied items.
- Encourage victim not to shower.
- Encourage victim not to change clothing.
- Even when the victim says they do not want police involvement, preserve items anyway as they may change their mind later.
- Encourage the person not to eat or drink if there is a possibility that evidence may be obtained from the mouth.

Methods of Preservation

- For most things use clean brown paper, if available, or a clean brown paper bag or a clean envelope. if an envelope is used, Organisational Personnel must not lick it to seal. Avoid using plastic bags as they can produce moisture.
- For liquids use clean glassware
- Organisational Personnel should not handle items unless necessary to move and make safe. If there are latex gloves available, they should be used.

It is acknowledged that completion of all of the above tasks may not be possible in a traumatic situation. Organisational Personnel are urged to use best endeavours and do what is practicably possible given the situation.

The role of Organisational Personnel in supporting the alleged victim includes the following:

- Ensuring the continued safety of and support to the person
- Liaising with other member of Organisational Personnel who have been involved to gather all the available information together.
- Ensuring that evidence has been preserved.
- Completing all reporting and recording relating to the incident
- Reporting the matter to the CHOS and/or appropriate DSO.

IT IS NOT THE ROLE OF THE MEMBER OF ORGANISATIONAL PERSONNEL SUPPORTING THE VICTIM TO COMMENCE AN INVESTIGATION INTO THE INCIDENT

When an incident or disclosure of this nature is made the CHOS with the support of appropriate DSO's will directly managing and support the members of Organisational Personnel involved in the situation. They will ensure that:

- action taken is effective in providing immediate and ongoing protection to the Adult at Risk.
- practical and emotional support is available according to need.
- where an allegation is made against a member of Organisational Personnel, they liaise with the HR team to invoke the Suspension procedures.

- the HR team take responsibility for ensuring that the appropriate support is offered to the person who is suspended.

9. POLICY APPENDIX

APPENDIX 1
Safeguarding Adults at Risk

Reporting Toolkit

Name of adult:
Date of Birth:
Gender:
Ethnicity:
Home address:
Phone numbers:
NB: if information is unknown, it is still crucial that you share the information that you do have.

Adult's supports in the community, e.g., key-carer, agency, family *member, etc*

GP name, address, and phone number

What are the person's views about a referral being made?

Who is alleging/suspecting abuse?

Vulnerability of person & alleged perpetrator if known. Include *communication, understanding, capacity, physical disability, Learning Disability, any mental Health problems & relevant medical information.*

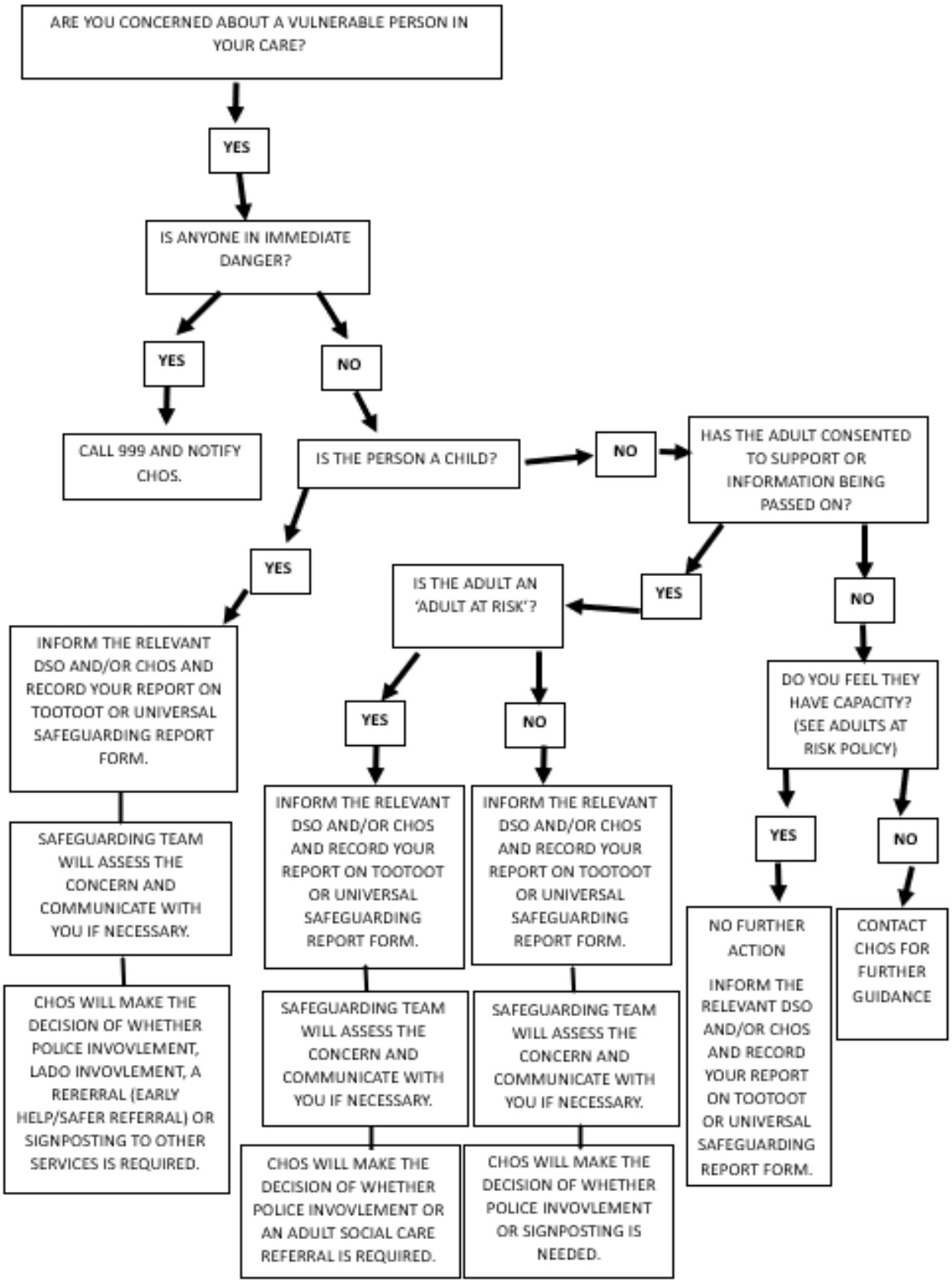
Description of what has given cause for concern, including dates, *times events and location.*

Brief statement outlining any emergency action taken.

Action taken.

Brief statement outlining any emergency action taken.

10. PROCEEDURE FLOWCHART



11. LINKED POLICIES

This Policy should be read in conjunction with other Organisational policies as well as Premier League and EFL related policies. These include but are not limited to:

EFL SAFEGUARDING STANDARDS

SAFER RECRUITMENT AND SELECTION POLICY

STAFF INDUCTION PROCESS

EQUAL OPPORTUNITIES POLICY

HEALTH AND SAFETY POLICY

IMAGES POLICY

MASCOTS POLICY

SOCIAL MEDIA AND MEDIA POLICY

WHISTLEBLOWING POLICY

PRIVACY STANDARD

CODES OF CONDUCT

LATE COLLECTION POLICY

TRANSPORT POLICY

TRIPS, TOURS AND TOUNAMENTS POLICY

ANTI BULLYING AND HARASSMENT POLICY

MODERN SLAVERY POLICY

12. USEFUL CONTACTS, LEGISLATON AND GUIDANCE

12.1 USEFUL CONTACTS

Local

Middlesbrough Muti Agency Hub

Adult Social Care Team.

Tel: 01642 065070 Monday to Thursday 8:30am to 5pm, Friday 8:30am to 4:30pm

Email: adultaccessteam@middlesbrough.gov.uk

Out of hours: Emergency Duty Team on 01642 524 552

Redcar and Cleveland Muti Agency Hub

Adults

Tel:01642 771500 during working hours: Monday to Thursday 8.30am – 5pm & Friday 8.30am – 4.30pm

Email: AccessAdultsTeam@redcar-cleveland.gov.uk

Outside of office hours please call 01642 524552

Hartlepool and Stockton-on-Tees

Adults at Risk

Hartlepool
Tel: 01429 523 390
Email: dutyteam@hartlepool.gcsx.gov.uk

Stockton-on-Tees
Tel: 01642 527 764
Email: firstcontactadults@stockton.gov.uk

North Tees LADO
Philip Curtis
Tel: 01429 401844 (mobile 07787697635)
Email: phil.curtis@hartlepool.gov.uk
Secure Email: LADO@hartlepool.gcsx.gov.uk

South Tees LADO
Joanne Dickson
Email: joanne.dickson@middlesbrough.gov.uk
Joanne.dickson@redcar-cleveland.gov.uk

Darlington Safeguarding Partnership

Adults

Adult Contact Team: 01325 406111

Out of Hours Emergency Team: 01642 524552

Darlington LADO
Amanda Hugill
Tel: 01325 406450
Email: Amanda.hugill@darlington.gov.uk

Marian Garland

Tel: 01325 406451
Email: marian.garland@darlington.gov.uk

Durham and Cleveland Police

Emergency: 999

Non-Emergency: 101

Football

North Riding FA:

https://www.northridingfa.com/safeguarding-and-welfare

Clair Shield (Designated Safeguarding Officer) clair.shield@northridingfa.com 07702 736701

Premier League Safeguarding Team

safeguarding@premierleague.com 02078 649000

Premier League Charitable Fund (PLCF)

Kate Singleton (PLCF Senior Safeguarding Manager) safeguarding@plcf.co.uk 02078 649000

EFL Safeguarding Team:

safeguarding@EFL.com 01772 325490

Alex Richards (EFL Safeguarding Manager) arichards@efl.com 01772 325940

Scott Flynn (EFL Regional Safeguarding Officer) sflynn@efl.com 07583 07438

EFL in the Community (EFLitC)

Tara Lawson (Safeguarding and Incident Manager) tlawson@efl.com 07964 905652

FA Safeguarding Team:

safeguarding@thefa.com 0800 169 1863

National

The Samaritans

https://www.samaritans.org/how-we-can-help/contact-samaritan/ 116 123

Papyrus Prevention of Young Suicide

https://www.papyrus-uk.org/

pat@papyrus-uk.org 0800 0644141

Shout – UK 24/7 Crisis Text Service

https://giveusashout.org/ text 'shout' to 85258

Stonewall – Standing for lesbian, gay, bi, trans, queer and questioning (LGBTQ+) people everywhere.

https://www.stonewall.org.uk/

13.2 LEGISLATION, POLICIES AND GUIDANCE

Please refer to the following documents for further guidance and support:

The Care Act: Safeguarding Adults at Risk 2014

The Care Act 2014 sets out a clear legal framework for how local authorities and other parts of the system should protect adults at risk of abuse or neglect. Local Authorities have a duty to:

***Lead a Multi-Agency Local Adult Safeguarding System** that seeks to prevent abuse and neglect and stop it quickly when it happens.*

***Make enquiries, or request others to make them,** when they think an adult with care and support needs may be at risk of abuse or neglect and they need to find out what action may be needed.*

***Establish Safeguarding Adults Boards**, including the local authority, NHS, and police, which will develop, share, and implement a joint safeguarding strategy.*

***Carry out Safeguarding Adults Reviews,** when someone with care and support needs dies as a result of neglect or abuse and there is a concern that the local authority or its partners could have done more to protect them.*

***Arrange for an independent advocate** to represent and support a person who is the subject of a safeguarding enquiry or review, if required.*

Any relevant person or organisation must provide information to the Safeguarding Adults Boards as requested.

Female Genital Mutilation Act 2003

Prevent Strategy (Working Together Against Extremism)

Channel Duty Guidance - Protecting People Vulnerable To Being Drawn Into Terrorism

Counter Terrorism and Security Act 2015

Modern Slavery Act 2015

Health and Safety at Work Act 1974

Management of Health and Safety at Work Regulations 1999

Human Right Act 1998

Act outlining the European Convention of Human Rights in English law. This Act is designed to protect individuals from abuse by state institutions and people working for these institutions.

Speaking up for Justice 1998

This is a report from Interdepartmental Working Group on the treatment of Vulnerable or Intimidated Witnesses in the Criminal Justice System. The aim of the Working Group was to improve access to justice for vulnerable or intimidated witnesses, including children. It made a total of 78 recommendations (that were accepted) for improvements to the criminal justice system including the reporting of crime, identification of vulnerable or intimidated witnesses, and measures to assist witnesses before, during and after the trial.

Youth and Criminal Evidence Act 1999

The recommendations from 'Speaking up for Justice 1998', that required legislative changes were incorporated into this.

Achieving Best Evidence in Criminal Proceedings 2002

This document 'Achieving Best Evidence in Criminal Proceedings' offers guidance for vulnerable or intimidated witnesses, including children. It replaces the previous 'Memorandum of Good Practice' that only referred to children. There are two volumes covering the planning and conducting of interviews, witness preparation and support and witnesses in court.

Care Standards Act 2000

This Act created the National Care Standards Commission, an independent, non-governmental public body, to regulate social and health care services previously regulated by local councils and health authorities. It also extended the scope of regulation to other services not previously registered, to include domiciliary care agencies, fostering agencies and residential family centres.

No Secrets 2000

This is guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse. No Secrets gives guidance to local agencies who have a responsibility to investigate and take action when a vulnerable adult is believed to be suffering abuse. It offers a structure and content for the development of local inter-agency policies, procedures and joint protocols which will draw on good practice locally and nationally.

Sexual Offences Act 2003

This Act introduced a number of new offences concerning vulnerable adults and children.

Protection of Vulnerable Adults List 2004

Implemented in July 2004, employers can now apply to place employees on the list that they deem to be unsuitable to work with vulnerable adults. There does not have to have been a criminal prosecution. The person has a right of appeal. It is a criminal offence to apply for a job working with vulnerable adults while on the list.

Mental Capacity Act 2005

The general principle of this Act is that everybody has capacity unless it is proved otherwise, that they should be supported to make their own decisions, that anything done for or on behalf of people without capacity must be in their best interests and there should be least restrictive intervention.

Mental Capacity Act 2005 Guidance

A list of key resources for councils and their partners on implementing the Mental Capacity Act including the Deprivation of Liberty Safeguards.

13. POLICY UPDATES

This policy will be reviewed and updated in June 2026, or sooner, in the event of:

1. a major safeguarding incident whereby the policy will be updated within 4 weeks.
2. a brand-new activity or service involving contact with adults at risk is implemented.

3. a change in safeguarding legislation.
4. a significant organisational change.

Version Control

This policy will be reviewed and updated at least annually by the owner, and more frequently if necessary. This document will be available to Organisation Personnel on the Organisations IT networks. This document will be available to all on the Organisations Websites

The following identifies all version changes:

Version	Date	Reason for Update	Author
1.0	August 2016	Safeguarding Adults Policy (New)	Brian Robinson
1.1	June 2018	Review	Brian Robinson
1.2	October 2018	Update	Brian Robinson
2.0	February 2019	Safeguarding Adults at Risk Policy	Brian Robinson
3.0	June 2019	Annual Review	Brian Robinson
4.0	November 2020	Review	Brian Robinson
4.1	August 2021	Review	Brian Robinson
4.2	February 2022	Update	Brian Robinson
4.3	July 2022	Update	Brian Robinson
4.4	July 2023	Annual Review	Brian Robinson
4.5	February 2024	Update	Brian Robinson
4.6	April 2024	Structure/Contact Update	Brian Robinson
4.7	June 2024	Annual Review	Brian Robinson/Ruth Martin
4.8	June 2025	Annual Review	Brian Robinson Ruth Martin Michael Waller