SAFEGUARDING ADULTS AT RISK POLICY

Rochdale Association Football Club & Rochdale AFC Community Trust



2026 / 2027

THE CROWN OIL ARENA, SANDY LANE, ROCHDALE OL11 5DR

FOREWORD AND POLICY INTRODUCTION

Rochdale AFC and Rochdale AFC Community Trust are committed to creating opportunities which enable adults at risk with care and support needs to participate in activities safely in accordance with the Care Act 2014. The participation of adults at risk may be as players, coaches, carers, employees, volunteers, officials, administrators, or spectators.

We have a moral, legal and social responsibility to provide positive, enjoyable, and safe environments for all those taking part in activities, and we share a commitment to manage and respond to allegations of abuse, harassment or discrimination.

This policy will provide details of different types of abuse, guidance on consent and procedures for reporting and recording concerns.

This policy is written to protect adults at risk of harm who engage with ROCHDALE AFC/RAFC CT in any capacity.

Laura Thomas
Chief Executive Officer & Senior Safeguarding Manager
For and on behalf of Rochdale AFC

Nicola Toolan
Head of Safeguarding
For and on behalf of Rochdale AFC

Ryan Bradley
Director & Community Safeguarding Lead DSO
For and on behalf of Rochdale AFC Community Trust

AUGUST 2026

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WHO WE AIM TO PROTECT

Safeguarding means protecting an adult's right to live safely, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult's wellbeing is promoted, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action.

Whilst the key principles of this policy relate to safeguarding adults at risk who engage with us, it is worth recognising that this policy will also act to provide wider groups in our care.

THE CARE ACT 2014 DEFINES AN ADULT AT RISK AS SOMEONE AGED 18 OR OVER AND:

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

THIS COULD BE:

- Adults at risk who are employed by Rochdale AFC and Rochdale AFC CT in any capacity, including all adult playing footballers. Adults at risk participating in events, activities or sessions organised by Rochdale AFC/Rochdale AFC CT
- Adults at risk attending Rochdale AFC First Team or any Academy game as spectators.
- Adults at risk who are visiting the Stadium, Academy or training ground for events/tours.

DEFINITIONS

Adult(s) at Risk -An adult is a person aged 18 or over, has need for care and support (whether or not those needs are being met) and is experiencing, or is at risk of, abuse or neglect and as a result of those needs is unable to protect him or herself against the abuse.

RAFC CT - Refers to the Charity, Rochdale AFC Community Trust, its workforce and all activities it undertakes. In certain circumstances it may also refer to third parties with an entrusted responsibility for delivering community-supported activity.

RAFC - Refers to Rochdale Football Club its workforce and all activities undertaken by the organisations or at these premises. In certain circumstances it may also refer to third parties with an entrusted responsibility for delivering club-supported activity.

The FA - Refers to the Football Association, the National Governing Body for Football in England.

Harm - The ill-treatment of an individual or impairment of their Welfare due to acts of Abuse or inappropriate behaviour including witnessing 3rd party abuse or inappropriate behaviour.

Local Authority - Refers collectively or individually when named to the district, borough, city and county councils that are responsible for governance of the county of Lancashire in which the Club/Charity operates.
Local Authority Safeguarding partnerships - Refers to the department within each Local Authority responsible for providing guidance, training and governance on all Safeguarding matters within their area of governance.

The English Football League (EFL) - Refers to the organisation responsible for governance and administration of English Football's highest ranked league, of which Rochdale AFC are current members

Safeguarding - Preventative and reactional measures taken by RAFC/RAFC CT to ensure; the risk of harm or mistreatment of vulnerable groups is minimised; the health or wellbeing of vulnerable groups is not impaired whilst engaging in our activities; an environment exists that supports the best possible outcomes or life chances for vulnerable groups.

Safeguarding Team - The collective group of staff within RAFC/RAFC CT that have a professional responsibility for the Safeguarding of Vulnerable Groups.

Staff - Refers to persons employed by and receiving payment for services from RAFC/RAFC CT. This is irrespective of the length or nature of their contract.

Volunteers - Persons who freely offer their skills and expertise or take part in a task, event or enterprise with the club or charity at their own expense in terms of time and/or resources.

Vulnerable Group(s) - The collective term used when talking about or referring to children, young people and vulnerable adults at risk as a whole.

Welfare - The health, happiness and fortunes of individuals and the humanitarian aspects of their life including personal needs, social interactions & physical or psychological development.

We/us - Refers to the combined entity created when staff, volunteers and/or third-party contractors are deployed together to work on a Club or Charity activity, event or enterprise.

OUR SAFEGUARDING COMMITMENT:

WE RECOGNISE THAT:

- The welfare of adults at risk is paramount.
- All children and adults at risk, regardless of age, disability, gender, gender reassignment, pregnancy and maternity, marriage and civil partnership, race, religion and/or sexual orientation (defined as Protected Characteristics within the Equality Act 2010) have the right to equal protection from all types of harm or abuse.
- Working in partnerships with adults at risk and their family or support network is essential in promoting and embedding this policy.

THE PURPOSE OF THIS POLICY:

- Provide protection for the adults at risk who receive services from Rochdale AFC and Rochdale AFC CT or/and its partners.
- To provide colleagues and volunteers with guidance on procedures they should adopt if they suspect a child or adult at risk may be experiencing, or be at risk of, harm.

WE WILL SEEK TO SAFEGUARD ADULTS AT RISK BY:

- Providing safety and protection whilst in the care of Rochdale AFC and Rochdale AFC CT from all types of abuse or harm. Listening, responding, acting appropriately and addressing matters through the correct procedures.
- Working closely with local statutory agencies and other partners to promote and safeguard the welfare of all. Sharing information sensitively and timely and appropriately with relevant partner agencies.
- Providing targeted safeguarding training to all staff across Rochdale AFC and Rochdale AFC CT to ensure they are clear on their responsibilities, professional boundaries, and appropriate behaviours.
- Implementing and monitoring 'Safer Recruitment' in accordance with local and government guidance and legislation.
- Maintain documents confidentially in accordance with relevant data protection legislation.
- Having a Safeguarding team who are visible, available, and responsive to requests for support, guidance, and advice.

EQUALITY AND DIVERSITY

Rochdale AFC and Rochdale AFC Community Trust are committed to the principles of equality and strive to ensure that everyone who wishes to be involved in our organisation whether as staff, trustees, volunteers, participants or as a general member of the public:

- Has a genuine and equal opportunity to do so without regard to their age, disability, gender reassignment/identify, marital or civil partnership status, pregnancy or maternity, race, religion and belief, sex and sexual orientation; and
- Can be assured of an environment in which their rights, dignity and individual worth are respected without the threat of intimidation, victimisation, harassment, bullying or abuse.

Rochdale AFC and Rochdale AFC CT have an Equality and Diversity Policy which is monitored and reviewed annually as a minimum.

POSITION OF TRUST

Those who have responsibility for, and influence over, adults at risk are in a relationship of trust with those in their care. A relationship of trust is usually one which one party has power or influence over the other by virtue of their role or by the type of activity. It is essential that those in the positions of responsibility understand the power that they may have over those in their care, and how they must act and behave.

THIS MEANS THAT THOSE IN A RELATIONSHIP OF TRUST SHOULD NOT:

- Use their position to gain access to information relating to adults at risk at risk for their own or any others advantage.
- Use their power to intimidate, threaten, coerce or undermine others
- Use their status or role to promote inappropriate relationships and understand that professional boundaries must always be maintained.

POOR PRACTICE

This occurs whenever staff or volunteers fail to provide the highest standards of care and support in their working practice. Poor practice which is allowed to continue can become abuse.

Poor practice is never acceptable and will be treated seriously with appropriate action, including (if necessary) disciplinary action. An individual may not be aware that poor practice or abuse is happening as some may deem this behaviour as acceptable.

THE FOLLOWING ARE EXAMPLES OF POOR PRACTICE, NOT LIMITED TO:

Insufficient care is taken to avoid injuries, through excessive training or inappropriate sessions considering age, maturity, experience, and ability of players.

- Allowing abuse or concerning practice to go unreported (e.g. unfair criticism, bullying or ridicule of any kind)
- Allowing hazing or initiation to go unreported.
- Placing adults at risk in compromising or uncomfortable positions by contacting them inappropriately or via social media
- Ignoring Health and Safety guidance
- Failure to adhere to Club and Governing Body codes of practice and guidance.
- Giving continued and unnecessary preferential or negative treatment to individuals

WHAT IS RISK/ABUSE- HOW DO WE RECOGNISE IT?

We must consider the different types and patterns of abuse and neglect and the different circumstances in which they may take place.

The spectrum of abuse is huge, some types of abuse have obvious signs and others may be very difficult to detect, we must be aware that some individual concerns may not give cause for concern however may be significantly more worrying when considered together.

THE CARE ACT 2014 RECOGNISES 10 CATEGORIES OF ABUSE IN RELATION TO ADULTS AT RISK:

1. **Phyical Abuse** - Including hitting, slapping, pushing, kicking, and deliberate misuse of medications, restraint or inappropriate sanctions.
2. **Psychological or emotional abuse** - Including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, verbal abuse, isolation or withdrawal from supportive networks.
3. **Sexual abuse** - Including rape and sexual assault or sexual acts to which the person has not or could not consent and/or was pressured into consenting.
4. **Neglect or acts of omission** - 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.
5. **Self-neglect** - Self-neglect covers a wide range of behaviour, neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding.
6. **Financial or material abuse** - Including theft, fraud, and exploitation - Wills, property, inheritance, possessions or benefits.
7. **Discriminatory abuse** - Unacceptable behaviour directed towards an adult at risk including harassment, slurs or similar treatment or because of race, gender and gender identity, age, disability, sexual orientation, religion.
8. **Modern slavery** - Modern Slavery encompasses slavery, human trafficking, forced and compulsory labour and domestic servitude.
9. **Organisational abuse** - Including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, or where care is provided within their own home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation. Organisational abuse is the mistreatment, abuse or neglect of an adult by a regime or individuals in a setting or service where the adult lives or that they use.
10. **Domestic violence and abuse** - are any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. Abuse can encompass, but is not limited to psychological, physical, sexual, financial or emotional and includes the more recent offence of coercive and controlling behaviour in intimate and familial relationships closes a gap in the law around patterns of coercive and controlling behaviour during a relationship between intimate partners, former partners who still live together.

NOT INCLUDED INTHE CARE ACT 2014 BUT ALSO RELEVANT:

Cyber Bullying - cyber bullying occurs when someone repeatedly makes fun of another person online or repeatedly picks on another person through emails or text messages, or uses online forums with the intention of harming, damaging, humiliating or isolating another person.
Forced Marriage - forced marriage is a term used to describe a marriage in which one or both of the parties are married without their consent or against their will.

Mate Crime - a 'mate crime' as defined by the Safety Net Project as 'when vulnerable people are befriended by members of the community who go on to exploit and take advantage of them. This is similar to the practice of 'Cuckooing' where someone becomes friendly in order to use their property or accommodation, often to run criminal activity.

Radicalisation - the aim of radicalisation is to attract people to their reasoning, inspire new recruits and embed their extreme views and persuade vulnerable individuals of the legitimacy of their cause. This may be direct through a relationship, or through social media.

NON-RECENT ABUSE

Non-recent child abuse, sometimes called historical abuse, is when an adult was abused as a child or young person under the age of 18. Sometimes adults who were abused in childhood blame themselves or are made to feel it's their fault. But this is never the case: there is no excuse for abuse.

EFFECTS OF NON-RECENT ABUSE

Abuse can have a huge effect on health, relationships and education and can stop people from having the life they deserve, they might find it harder to cope with life's stresses, getting a job or parenting. They may also develop mental health problems and drug or alcohol issues.

THE LONG-TERM EFFECTS OF ABUSE AND NEGLECT CAN INCLUDE, BUT NOT LIMITED TO:

- emotional difficulties like anger, anxiety, sadness, or low self-esteem
- mental health problems like depression, eating disorders, self-harm or suicidal thoughts problems with drugs or alcohol
- disturbing thoughts, emotions, and memories poor physical health
- struggling with parenting or relationships.

AVAILABLE SUPPORT:

- Speak to a friend or family member.
- NAPAC National Association for People Abused in Childhood
- Talk to your GP about seeing a counsellor
- Survivors UK offers a range of support services to men who experienced childhood or adult sexual abuse.
- Rape Crisis
- Samaritans

REPORTING NON-RECENT ABUSE

It's never too late to report abuse you experienced no matter how long ago it took place.

Report to the police

If you want to, you can speak to the police about what happened to you. You can report abuse to the police no matter how long ago it happened. You can start by calling 101 and briefly explaining what you're calling about. They'll make sure you're put through to the right team who can support you.

SPEAK TO NSPCC

If you don't feel comfortable contacting the police or want to find out more about your options, you can contact NSPCC. Call them on 0808 800 5000, email help@nspcc.org.uk or fill in their online form.
Any reports of non-recent abuse will follow our children's safeguarding reporting procedures.

WHERE COULD HARM OCCUR?

Harm may occur anywhere, at any time, and in any place. Either within an organised activity provided by BFC or BFCitC or not. Regardless of the circumstances, we can offer support and guidance on how to deal with the situation and move forward.

CREATING AN ATMOSPHERE WHERE PEOPLE FEEL SAFE TO TALK.

If you have suspicions that abuse is taking place you must try and make sure that opportunity is given for the person to disclose what is happening and that they have confidence that they will be listened to. That they are enabled to control decisions around them and that action will be taken if necessary.

We must ensure that everyone understands we take their safety seriously and that they know how to get help and how to report abuse to.

PRINCIPLES OF ADULT SAFEGUARDING

There are six key principles which define how we deal with safeguarding in relation to adults at risk.

Empowerment - People being supported and encouraged to make their own decisions and give informed consent.
“I am asked what I want as the outcomes from the safeguarding process and these directly inform what happens."

Prevention - It is better to act before harm occurs.
"I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help."

Proportionality- The least intrusive response appropriate to the risk presented.
"I am sure that the professionals will work in my interest, as I see them, and they will only get involved as much as needed."

Protection - Support and representation for those in greatest need.
"I get help and support to report abuse and neglect. I get help so that I am able to take part in the safeguarding process to the extent to which I want."

Partnership - Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.
"I know that staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together and with me to get the best result for me."

Accountability-Accountability and transparency in delivering safeguarding.
"I understand the role of everyone involved in my life and so do they."

PERSON CENTRED SAFEGUARDING.

When dealing with adults at risk we must include the human side, this basically means that adult safeguarding is person led and outcome focused. It engages the person in a conversation about how best to respond to their safeguarding situation in a way that enhances involvement, choice, and control.

Wherever possible we must discuss safeguarding concerns with the adult to get their view of what they would like to happen and keep them involved in the safeguarding process, seeking their consent to share information outside of the organisation where necessary.

RESPONDING TO A REPORT OR A SUSPICION OF ABUSE

Where possible the Safeguarding Team 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:

IT IS ADVISED TO DO THE FOLLOWING:

- If the Person is injured or not yet safe, take immediate action to help them by calling the relevant emergency service.
- Stay calm, controlled and professional.
- Listen carefully
- Always treat all allegations seriously and act towards them as if you believe what they are saying.
- Tell them they are right to tell you and offer reassurance that they are not to blame.
- Be honest about your own position, who you need to tell and why.
- Tell them what you are doing and when, keep them up to date with what is happening.
- Listen to what they want to happen and include them in any decision making.
- Take further action - at that time, you may be the only person able to prevent future abuse.
- Write down what you have been told - use their language.
- Seek medical attention if necessary.
- Inform the Head of Safeguarding or appropriate Safeguarding Officer.
- If a referral is made and they are reluctant to have the incidents investigated this fact will be recorded and brought to the attention of the Head of Safeguarding.
- Where appropriate record on a body rnap the location of any cuts, bruises or abrasions.

DO NOT:

- Make promises not to tell anyone.
- Interrogate them - it is not your job to carry out an investigation - this will be up to the police and social workers, who have experience in this.
- Cast doubt on what they have told you, don't interrupt or change the subject.
- Say anything that makes them feel responsible for the abuse.
- Take photographs of any injuries.
- (try not to) become emotional or visibly shocked

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.

WELLBEING

The concept of wellbeing is embedded throughout the Care Act 2014 and is relevant to adult safeguarding in sport and activity. Wellbeing is different for each of us however, the Act sets out broad categories that contribute to our sense of wellbeing. By keeping these themes in mind, we can all ensure that adult participants can take part and be supported with the following:

- Personal dignity (including treatment of the individual with respect)
- Physical and mental health and emotional wellbeing
- Protection from abuse and neglect
- Control by the individual over their day-to-day life (including over care and support provided and the way they are provided)
- Participation in work, education, training or recreation Social and economic wellbeing
- Domestic, family and personal domains
- Suitability of the individual's living accommodation
- The individual's contribution to society.

RECORDING OF ALLEGATIONS OR SUSPICIONS OF ABUSE

The Safeguarding Team will ask for a written 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. Any statement made by the adult should be reported in their own words. These reports should be confined to facts and should not include any opinion, interpretation, or judgment.

We must ensure that any adult concerned is immediately removed from any possible, or further, risk of harm.

The Head of Safeguarding will ordinarily be the person investigating although may seek the support and guidance from professionals, such as The Local Authority, The FA or Police. The parent/carer should only be informed with the consent of the adult at risk if they have capacity to consent in this situation. In any case of suspected abuse, the Head of Safeguarding must provide a report to the relevant League Safeguarding Team and The FA Safeguarding Children & Adults at Risk Team.

THE INFORMATION NEEDED

- 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
- 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 Who else has been informed?

RECORDING

- The following points should be considered in recording a disclosure or allegation
- Use black ink so it can be easily photocopied
- Ensure the report is legible
- Sign and date the report
- 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
- Keep the information concise and factual

ESTABLISHING THE ALLEGED VICTIMS WISHES

It is very important that you do not investigate the concerns, but the following guidance should be followed;

- Where there is no emergency there is an opportunity to check out the adult wishes in relation to the concern
- There is a need to establish who the victim would most like to talk to about the matter
- Liaise with the Head of Safeguarding or Safeguarding Officer
- The members of staff chosen must familiarise themselves with all the possible options and prior to the interview seek advice regarding the potential consequences of each option for the victim
- Remember the interview is only about establishing what the victim wishes to do about the incident and not about discussing the incident itself
- Important to allow the victim time to consider the options and if there is uncertainty offer to meet again
- If others are at risk of harm or a criminal offence has taken place you have to report, and this should be explained to the alleged victim

ENSURING THE INDIVIDUAL IS IN OR IS MOVED TO A PLACE OF SAFETY

It is essential that, whatever the nature of the suspected abuse, the adult is separated from the person who is or is thought to be producing the threat. It is important that disruption to the life of the victim is kept to a minimum, therefore, if it is possible for the alleged perpetrator to leave the scene, this should be the preferred option.

However, if it is not achievable, an alternative place of safety should be sought as the immediate safety of the victim is the highest priority.

HOW TO GET HELP URGENTLY

Emergency services should be summoned whenever a situation is felt to be beyond the control of members of staff. In addition, staff should have, readily available, all the contact numbers of the Head of Safeguarding, colleagues, Safeguarding Officers or other services which can assist in an emergency or urgent situation.

ROLE OF STAFF SUPPORTING THE ALLEGED VICTIM

Members of staff involved in supporting the alleged victim have a role in making sure the procedures are followed and that the victim is advised and supported. If several staff are involved, it may be convenient for one person to take the lead. The Head of Safeguarding will decide on this.

THE ROLE OF THE STAFF SUPPORTING THE ALLEGED VICTIM INCLUDES THE FOLLOWING:

It is very important that you do not investigate the concerns, but the following guidance should be followed;

- Ensuring the continued safety of and support to the abused person.
- Liaising with immediate colleagues who have been involved in order to gather all the available information together.
- Ensuring that evidence has been preserved.
- Collating and completing all written material relating to the incident.
- Reporting the matter to the Safeguarding Officer or Head of Safeguarding at the earliest opportunity.

THE ROLE OF THE STAFF SUPPORTING THE ALLEGED VICTIM INCLUDES THE FOLLOWING:

For the purpose of the management of a safeguarding adult's situation, the Head of Safeguarding or Safeguarding Officer for the specific activity in which the incident or concern arises should be consulted. In the absence of the Head of Safeguarding or Safeguarding Officer, or if s/he is implicated in the abuse, the matter must be referred to the Senior Safeguarding lead in RAFC or RAFC CT. The Head of Safeguarding will have the responsibility for:

- Directly managing and supporting the staff involved in the situation.
- Ensuring that action taken is effective in providing immediate and ongoing protection to the Adult.
- Ensuring that practical and emotional support is available according to need.
- Reporting the incident to the Senior Safeguarding Lead
- Should a referral be required to the Local Authority Adult Safeguarding Team, contact should be made by contacting Adult Social Care on 0300 3038886
- In the absence of the Head of Safeguarding, the Safeguarding officer will need to communicate with the Adult Safeguarding Team to ensure the procedure is correctly followed.
- Where an allegation is made against a member of staff or a volunteer at Rochdale AFC, the Head of Safeguarding will liaise with HR. The same will apply for staff within RAFC CT.
- HR team will take responsibility for ensuring that the appropriate support is offered to the person who the allegation has been made against.

There must never be a guarantee of confidentiality given to adults as there are times when the need to report/ share information supersedes the needs of the Adult at Risk.

An adult should never be pressured to give information or show physical marks unless they do so willingly. If they choose to show markings, two members of staff should be present.

There are actions which staff must, and are obliged to, take once aware of a problem. Undertakings of confidentiality should not be given either to the person making the allegations or to the person being interviewed. The matter is confidential on a need-to-know basis, and nobody should have any reservations about referring a safeguarding issue to a member of the Safeguarding Team.

MENTAL CAPACITY ACT 2005 (MCA)

People must be assumed to have the capacity to make their own decisions and must be given all practicable help before we treat them as not being able to make their own decisions. Where an adult is found to lack capacity to make a decision then any action taken, or any decision made for, or on their behalf, must be made in their best interests.

We should consider some people are only able to make some decisions, and a small number of people cannot make any decisions. Being unable to make a decision is called "lacking capacity". To decide we need to:

- Understand information
- Remember it for a period of time
- Think about the information
- Communicate our decision

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

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

MAKING DECISIONS

When a person needs help to make a specific decision, the following should be considered before a decision can be made in their best interests:

- The individual needs all the relevant information to make the decision.
- If there is a choice of options, has information been provided on the alternatives?
- The communication needs of the individual must be taken into account, and the information must be presented in a way that makes sense to them.
- Different communication methods must be explored, including obtaining professional or carer advice and support.
- The risks and benefits must be considered for any decision.

If there is any doubt. then seek assistance either with the Safeguarding Team or through the Local Authority Adults Safeguarding Team. If in doubt. seek assistance.

SIGNS AND INDICATORS OF ABUSE

Abuse can take place in any context and by all manner of perpetrator. Abuse may be inflicted by anyone in the club who an adult at risk meets, but staff may also suspect that an adult is being abused or neglected outside of the club setting. See the end of document for further information:

CONSENT AND INFORMATION SHARING

Rochdale AFC and Rochdale AFC CT will always share safeguarding concerns in line with our Safeguarding policy, this must be done through the Safeguarding Team in the first instance, except in an emergency when Police/statutory services should be contacted immediately. If it does not increase the risk to the individual, we should explain to them that it is your duty to share the concern with your safeguarding lead or welfare officer.

The Safeguarding Team will then consider the situation and plan the actions that need to be taken, in conjunction with the adult at risk and in line with our policy and procedures and local Safeguarding partnerships.

Referrals to the Adult Safeguarding Team can be made by anyone although discussion with the Safeguarding Team must be sought before doing so. If it is thought that a referral needs to be made to the safeguarding adult's team, consent should be sought where possible from the adult at risk.

Individuals may not give their consent to the sharing of safeguarding information with the safeguarding adult's team for several reasons. Reassurance, appropriate support and revisiting the issues at another time may help to change their view on whether it is best to share information.

If someone does not want you to share information outside of the organisation or you do not have consent to share the information, ask yourself the following questions:

- Is the adult placing themselves at further risk of harm?
- Is someone else likely to get hurt?
- Has a criminal offence occurred? This includes theft or burglary of items, physical abuse, sexual abuse, forced to give extra money for lessons (financial abuse) or harassment.
- Is there suspicion that a crime has occurred?

If the answer to any of the questions above Is 'yes' - then you can share without consent and need to share the Information.

When sharing information the following best practice is advised:

1. **Seek advice** if in any doubt.
2. **Be transparent** - The Data Protection Act (DPA) is not a barrier to sharing information but to ensure that personal information is shared appropriately; except in circumstances whereby doing so places the person at significant risk of harm.
3. **Consider the public Interest** - Base all decisions to share information on the safety and well- being of that person or others that may be affected by their actions.
4. **Share with consent where appropriate** - Where possible, respond to the wishes of those who do not consent to share confidential information. You may still share information without consent, if this is in the public interest.
5. **Keep a record** - Record your decision and reasons to share or not share information.
6. **Accurate, necessary, proportionate, relevant and secure** - Ensure all information shared is accurate, up to date; necessary and share with only those who need to have it.
7. **The Data Protection Act (DPA)** is to ensure personal information is shared appropriately, except in circumstances whereby doing so may place the person or others at significant harm.

CONFIDENTIALITY

Concerns about an adult at risk must be given as soon as practically possible but within 24hours, either electronically or in writing on Toot Toot.

Normally personal information should only be disclosed to third parties, including other agencies, with the consent of the subject of that information. Wherever possible, consent should be obtained before sharing personal information with third parties. In some circumstances, consent may not be possible or desirable, but the safety and welfare of an adult dictate that the information should be shared. Disclosure should be justifiable in each case, according to the particular facts of each case and legal advice should be sought if in doubt.

The Club/Trust has the recording system Toot Toot to record concerning issues about the welfare or behaviour of an adult or staff member.

DATA PROTECTION AND STORAGE

Where, in the judgement of the Head of Safeguarding, an adult is thought to be at risk, consent is not required however decisions to share personal data without consent, in relation to a concern must be recorded on Toot Toot on the specific case of the concern raised.

Data relating to safeguarding concerns will be retained securely until 30 years after the end of the activity, e.g. contract end, legal resolution or last entry in register. An extended retention is in force for safeguarding records due to the ongoing independent inquiry into child sexual abuse, where the average time to report a concern is 26 years. In exceptional circumstances this can be extended:

- The records provide information about an adult's history which they may wish to access later
- The information in the records is relevant to legal action which has started but is not concluded
- The records are archived for historical reasons as they are relevant to organisational legal proceedings

Personal data stored in relation to a safeguarding concern should include any necessary information to inform practice and responses and minimise risk to adults at risk. Any errors which are made when making a recording related to safeguarding must be corrected and notes made to support the reason for the change, all data recorded in relation to safeguarding is processed and stored securely on a Toot Toot with access restricted to those with actions or safeguarding responsibility.

The importance of good record making and keeping is essential in safeguarding, this shows the original concern and actions taken to deal with the issue, good recording helps us to:

- Identify of patterns of concern which may need ongoing intervention or group training.
- Monitor and manage our safeguarding practice to provide evidence in audit of our robust effective safeguarding policy and procedures.

This guidance is made under the requirements of the GDPR 20181 the Data Protection Act 2018.

WORKING WITH PARTNERS OR EXTERNAL AGENCIES & COMPANIES

We have developed positive, effective relationships with our partners and external agencies and companies, this will support us to ensure that our safeguarding obligations are reflected and embedded in these relationships. To ensure this is done thoroughly all areas and activity leads should speak to the safeguarding Team prior to planning an activity which may involve adults at risk at risk.

The use of a Service Level Agreement making thorough reference to safeguarding provision and/or the completion of the Check and Challenge Tool, will ensure that we assess the level of safeguarding and partner suitability, using our policy as a standard and measuring partners, external agencies and companies against this. Demonstrating a specific procedure for handling safeguarding concerns, sharing important contact details and being clear in the expectations is key to achieving this.

SAFER RECRUITMENT

Recruitment will be in line with our Safer Recruitment Policy which states that:

- A clear job and person specification are available as part of the advertisement for the job
- A full interview will be completed with questions relevant to experience included
- the offer of contract will be made subject to DBS disclosure relevant to job role
- 2 references including one from the previous employer will be sought
- Recruitment staff are adequately trained and supported during the recruitment process
- As part of this procedure a full induction will be completed with all staff which will include familiarisation with this Policy and their individual safeguarding responsibility.

USE OF IMAGES

RAFC and RAFC CT take its guidance on the use of images from guidelines issued by the FA, Premier League and EFL. All photographs are taken by persons who have been briefed by the person responsible for the activity being photographed and do so in line with our codes of conduct.

- Before taking photographs of adults at risk, the person's consent is sought in writing prior to the event.
- The adult will be informed of how the image will be used. The person running the activity will not allow an image to be used for something other than that for which it was initially agreed.
- All Adults at risk featured in publications will be appropriately dressed.
- Where possible, the image will focus on the activity taking place and not on a specific adult.
- Where appropriate, images represent the broad range of users participating safely in the activity.
- Designated photographers will undertake a DBS check, attend training and will be personally responsible for keeping up to date with the latest guidelines.
- Official identification will be always worn.
- No images of adults at risk featured in publications will be accompanied by personal details.

RELEVANT POLICIES

This policy should be read in conjunction with the following policies:

- Whistle Blowing
- Online Safety Policy
- Multimedia Policy
- Safeguarding Children Policy
- Managing allegations against staff Policy
- Safer Recruitment Policy

SAFEGUARDING CONTACTS

INTERNAL CONTACT DETAILS

Laura Thomas
Senior Safeguarding Manager
laura.thomas@rochdaleafc.co.uk | Tel: 01706 644648

Nicola Toolan
Head of Safeguarding / Match Day Safeguarding Officer
nicola.toolan@rochdaleafc.co.uk | Tel: 07734961927

Ryan Bradley
Community Trust Director
ryan.bradley@rochdaleafc.co.uk | Tel: 01706 643836

Scott Webster
Program Manager – Education & Employability
scott.webster@rochdaleafc.co.uk | Tel: 07591 834516

Charlotte Delves
Strategic Head - Neighbourhoods & Communities
charlotte.delves@rochdaleafc.co.uk | Tel: 07706 321789

Damian Hall
Rochdale AFC Safety Officer
damian.hall@rochdaleafc.co.uk | Tel: 07801 612605

Karen Warrington
Club Welfare Officer
karen.warrington@rochdaleafc.co.uk | Tel: 01706 644648

James Caldwell
Academy Manager
james.caldwell@rochdale afc.co.uk | Tel: 07511 283088

Robert Field
Head of Academy Operations & Safeguarding
robert.field@rochdaleafc.co.uk | Tel: 07879 022487

Academy

Simon Friel - DSO
simon.friel@rochdaleafc.co.uk

Lee Bowles - DSO
lee.bowles@rochdaleafc.co.uk

Kane Harding - DSO
kane.harding@rochdaleafc.co.uk

Mike Sheron - DSO
mike.sheron@rochdaleafc.co.uk

Nathan Wyspianski
nathan.wyspianski@rochdaleafc.co.uk

OTHER USEFUL CONTACTS

Rochdale AFC is committed to safeguarding and promoting the welfare of young people and adults at risk and expects all staff, volunteers, and visitors to share this commitment.

If a child is at immediate risk, call 999.

Alex Richards - Head of EFL Safeguarding
a.richards@EFL.com

Tara Lawson - Head of EFLitC Safeguarding
tlawson@efl.com

The FA Safeguarding Team
Safeguarding@TheFA.com

Lancashire Adult Safeguarding Partnerships
0300 1230 6720/6722

Ann Craft Trust
0115 951 5400

Rochdale Adult Social Care
0300 303 8886
adult.care@rochdaleafc.co.uk

NSPCC - historical abuse support
0808 800 5000

National Domestic Violence Helpline
0808 2000 247

Men's Advice Line
0808 801 0327

GALOP - LGBT anti-violence and abuse support
0300 999 5428

Lancashire Victim Services
0300 323 0085

NAPAC
0808 801 0331

Carers UK
0207 378 4999

Survivors UK
0203 598 3898

Lancashire Mind
0800 915 4640

Mencap
0808 808 111

Samaritans
0845 790 9090

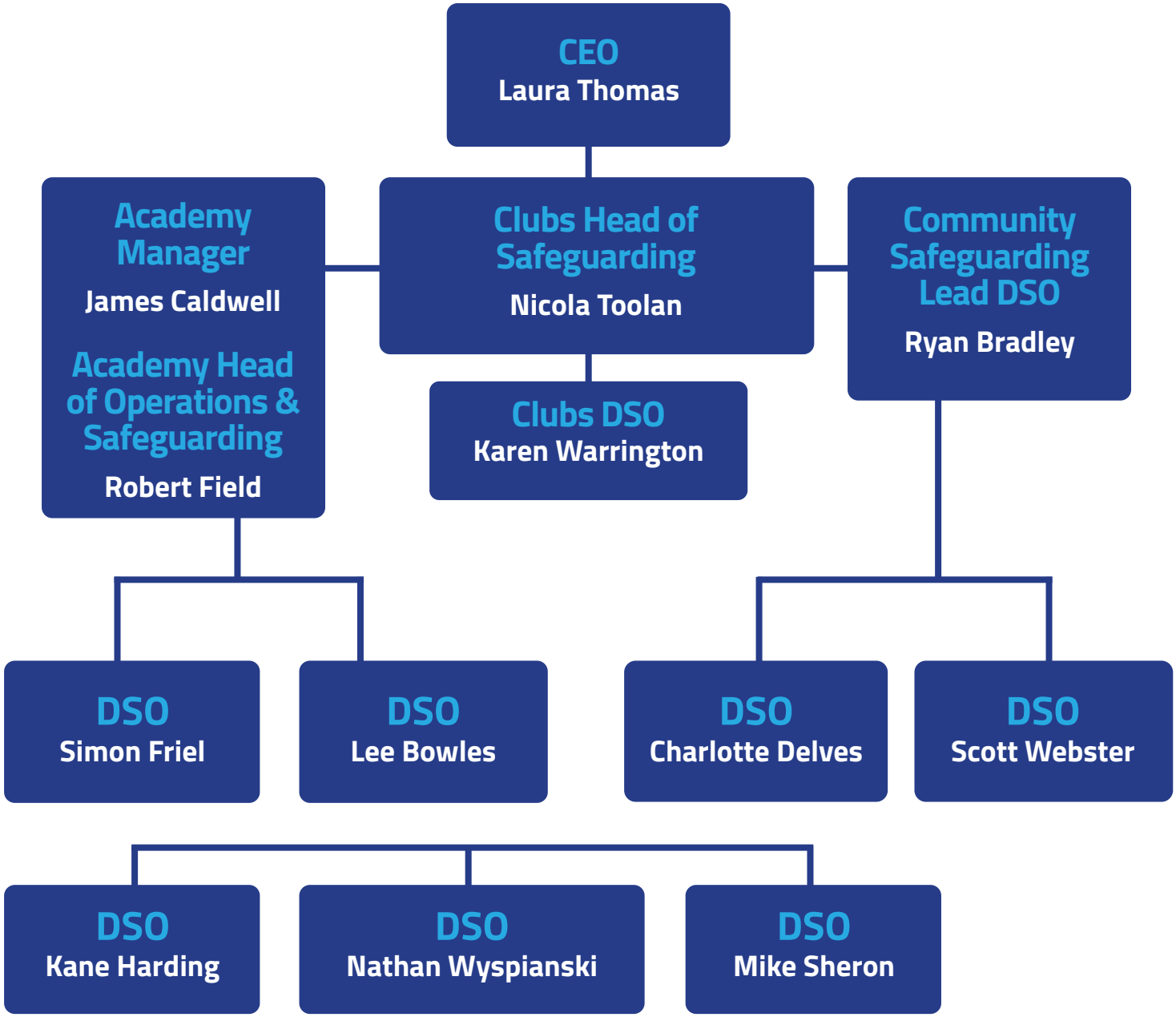
Respect
0808 8024640

Mental Health Crisis Team - 24-hour support
0800 014 9995

NHS Mental Wellbeing helpline
0800 014 9995
NHS-111 Option 2
Text Support: 07480 635 134

Care Quality Commission
03000 61616

SAFEGUARDING STRUCTURE



Members of the clubs Safeguarding Team, to ensure support for staff and the flow of information is consistent through the correct channels.

Should a concern be raised about the Head of Safeguarding you should contact either:

RAFC Laura Thomas - Chief Executive Officer Laura.thomas@rochdaleafc.co.uk

RAFC CT – Ryan Bradley – Director – Ryan.bradley@rochdaleafc.co.uk

HOS EFL -Alex Richards – arichards@efl.com

POTENTIAL INDICATORS OF ABUSE:

There are many signs and indicators that may suggest someone is being abused.or neglected, these include but are not limited to:

Person is not attending / no longer enjoying their sessions.
Someone losing or gaining weight/ an unkempt appearance.
A change in the behaviour or confidence of a person.
They may self-harm.
They may have a fear of a particular group or individual.
They may tell you / another person they are being abused - i.e. a disclosure.
Harassing of a participant because they are or are perceived to have protected characteristics.
Not meeting the needs of the participant. E.g. this could be training without a necessary break.
A member of staff intentionally striking a participant.
This could be a fellow participant who sends unwanted sexually explicit text messages to an-other adult at risk they are training alongside.
This could be a participant threatening another participant with physical harm and persistently blaming them for poor performance.

POSSIBLE INDICATORS OF PHYSICAL ABUSE

No explanation for injuries or inconsistency with the account of what happened
Injuries are inconsistent with the person's lifestyle
Bruising, cuts, welts, burns and/or marks on the body or loss of hair in clumps
Frequent injuries
Unexplained falls
Subdued or changed behaviour in the presence of a particular person
Signs of malnutrition
Failure to seek medical treatment or frequent changes of GP

POSSIBLE INDICATORS OF PSYCHOLOGICAL OR EMOTIONAL ABUSE

An air of silence when a particular person is present
Withdrawal or change in the psychological state of the person
Insomnia
Low self-esteem
Uncooperative and aggressive behaviour
A change of appetite, weight loss/gain
Signs of distress: tearfulness, anger
Apparent false claims, by someone involved with the person, to attract unnecessary treatment.

POSSIBLE INDICATORS OF SEXUAL ABUSE

Bruising, particularly to the thighs, buttocks and upper arms and marks on the neck
Torn, stained or bloody underclothing
Bleeding, pain or itching in the genital area
Unusual difficulty in walking or sitting
Foreign bodies in genital or rectal openings
Infections, unexplained genital discharge, or sexually transmitted diseases
Pregnancy in a woman who is unable to consent to sexual intercourse
The uncharacteristic use of explicit sexual language or significant changes in sexual behaviour or attitude
Incontinence not related to any medical diagnosis
Self-harming
Poor concentration, withdrawal, sleep disturbance
Excessive fear/apprehension of, or withdrawal from, relationships
Fear of receiving help with personal care
Reluctance to be alone with a particular person

POSSIBLE INDICATORS OF NEGLECT AND ACTS OF OMISSION

Poor environment - dirty or unhygienic
Poor physical condition and/or personal hygiene
Pressure sores or ulcers
Malnutrition or unexplained weight loss
Untreated injuries and medical problems
Inconsistent or reluctant contact with medical and social care organisations
Accumulation of untaken medication
Uncharacteristic failure to engage in social interaction
Inappropriate or inadequate clothing

INDICATORS OF SELF-NEGLECT

Very poor personal hygiene
Unkempt appearance
Lack of essential food, clothing or shelter
Malnutrition and/or dehydration
Living in squalid or unsanitary conditions
Neglecting household maintenance
Hoarding
Collecting a large number of animals in inappropriate conditions
Non-compliance with health or care services
Inability or unwillingness to take medication or treat illness or injury

POSSIBLE INDICATORS OF FINANCIAL OR MATERIAL ABUSE

Missing personal possessions
Unexplained lack of money or inability to maintain lifestyle
Unexplained withdrawal of funds from accounts
Power of attorney or lasting power of attorney (LPA) being obtained after the person has ceased to have mental capacity
Failure to register an LPA after the person has ceased to have mental capacity to manage their finances, so that it appears that they are continuing to do so
The person allocated to manage financial affairs is evasive or uncooperative
The family or others show unusual interest in the assets of the person
Signs of financial hardship in cases where the person's financial affairs are being managed by a court appointed deputy, attorney or LPA
Recent changes in deeds or title to property
Rent arrears and eviction notices
A lack of clear financial accounts held by a care home or service
Failure to provide receipts for shopping or other financial transactions carried out on behalf of the person
Disparity between the person's living conditions and their financial resources, e.g. insufficient food in the house
Unnecessary property repairs

POSSIBLE INDICATORS OF DISCRIMINATORY ABUSE

The person appears withdrawn and isolated
Expressions of anger, frustration, fear or anxiety
The support on offer does not take account of the person's individual needs in terms of a pro-tected characteristic

POSSIBLE INDICATORS OF MODERN SLAVERY

Signs of physical or emotional abuse
Appearing to be malnourished, unkempt or withdrawn
Isolation from the community, seeming under the control or influence of others
Living in dirty, cramped or overcrowded accommodation and or living and working at the same address
Lack of personal effects or identification documents
Always wearing the same clothes
Avoidance of eye contact, appearing frightened or hesitant to talk to strangers
Fear of law enforcers

POSSIBLE INDICATORS OF ORGANISATIONAL OR INSTITUTIONAL ABUSE

Lack of flexibility and choice for people using the service
Inadequate staffing levels
People being hungry or dehydrated
Poor standards of care
Lack of personal clothing and possessions and communal use of personal items
Lack of adequate procedures
Poor record-keeping and missing documents
Absence of visitors
Few social, recreational and educational activities
Public discussion of personal matters
Unnecessary exposure during bathing or using the toilet
Absence of individual care plans
Lack of management overview and support

POSSIBLE INDICATORS OF DOMESTIC VIOLENCE OR ABUSE

Low self-esteem
Feeling that the abuse is their fault when it is not
Physical evidence of violence such as bruising, cuts, broken bones
Verbal abuse and humiliation in front of others
Fear of outside intervention
Damage to home or property
Isolation - not seeing friends and family
Limited access to money