

# SAFEGUARDING

ADULTS AT RISK

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OUR SAFEGUARDING POLICY & PROCEDURES





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# PRINCIPLES AND SCOPE

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# AIMS

For the purposes of this policy, both Chelsea Football Club PLC and Chelsea Foundation will be referred to as 'the Club'.

The Club seek to ensure the safety and wellbeing of all adults who engage in activities with the Club.

All adults have the right to live in safety and dignity free from harm or abuse. It is through these policies, procedures and best practice, the Club promotes the safety, welfare and wellbeing of all adults at risk enabling them to participate in any Club activity in an enjoyable, safe and inclusive environment. This responsibility equally applies to the safety and security of those working with, and who are responsible for, the activities involving adults at risk.



## SCOPE

This guidance is intended for use across the Club and is to be observed by all those working with adults at risk. This may be in a direct capacity or indirectly. The application of the guidance contained within this policy is mandatory and should be consulted in conjunction with all other Club policies and procedures, in particular:

- Whistle Blowing
- Confidentiality
- Data Protection Policy
- Dismissal, disciplinary and grievances

To ensure best practice at all times, colleagues, including casual workers and volunteers, must be fully aware of this Safeguarding Adults at Risk Policy and Procedures and their responsibilities. All colleagues have a duty of care to keep adults at risk safe; this is achieved by:

- Creating a safe environment where all adults are listened to and taken seriously.
- Providing training to ensure the development of respectful, caring and professional relationships between members of staff and participants.
- Ensuring all colleagues understand the duty of care to all participants and demonstrate integrity and good judgement whilst working with adults at risk.
- Having a Safeguarding Adults at Risk Policy and Procedures document that sets out the best practice framework for Club to respond to safeguarding concerns.

## THE CLUB ALSO ADHERES TO:

- Joint FA and Premier League Rules
- Football League's Affiliated Football's Safeguarding Policy
- Working Together to Safeguard Football

## DEFINITIONS

To assist working through and understanding this policy a number of key definitions need to be explained:

**Adult at risk of harm** is a person aged 18 or over who is in need of care and support regardless of whether they are receiving them, and because of those needs are unable to protect themselves against abuse or neglect.

In recent years there has been a marked shift away from using the term 'vulnerable' to describe adults potentially at risk from harm or abuse.

**Abuse** is a violation of an individual's human and civil rights by another person or persons.

**Adult** is anyone aged 18 or over.

**Adult safeguarding** is protecting a person's right to live in safety, free from abuse and neglect.

**Capacity** refers to the ability to make a decision at a particular time, for example when under considerable stress. The starting assumption must always be that a person has the capacity to make a decision unless it can be established that they lack capacity (Mental Capacity Act 2005).

**The Club** should be taken to refer to Chelsea FC and Chelsea Foundation unless specifically stated.

## THE CLUB'S PRINCIPLES OF SAFEGUARDING ADULTS

- All adults, regardless of age, ability or disability, gender, race, religion, ethnic origin, sexual orientation, marital, maternity or gender status have the right to be protected from abuse and poor practice and to participate in an enjoyable and safe environment.
- The Club will seek to ensure that our sport is inclusive and make reasonable adjustments for any ability, disability or impairment, we will also commit to continuous development, monitoring and review.
- The rights, dignity and worth of all adults will always be respected.
- We recognise that ability and disability can change over time, such that some adults may be additionally vulnerable to abuse, for example those who have a dependency on others or have different communication needs.
- We recognise that a disabled adult may or may not identify themselves or be identified as an adult 'at risk'.
- We all have a shared responsibility to ensure the safety and wellbeing of all adults and will act appropriately and report concerns whether these concerns arise within football, or in the wider community.
- All allegations will be taken seriously and responded to quickly in line with The Club's Safeguarding Adults at risk Policy and Procedures.

The Club recognises the role and responsibilities of the statutory agencies in safeguarding adults and is committed to complying with the procedures of the Local Safeguarding Adults Boards.

## THE CLUB'S COMMITMENT TO SAFEGUARDING ADULTS

- Protection: Ensuring that all adults at risk, regardless of age, disability, gender, racial heritage, religious belief, sexual orientation or identity, have the right to equal protection from all types of harm or abuse.
- Empowerment: Valuing individuals, listening to and respecting all adults.
- Prevention: Adopting best practice and providing safeguarding policies and procedures for colleagues, consultants and agency staff to follow.
- Partnership: Sharing information about concerns with the appropriate agencies, in a confidential manner.
- Accountability: Providing effective management for employees, casual workers, agency staff, consultants and volunteers through supervision, support and training.
- Proportionality: Acting in collaboration with individuals to take a proportionate response to risk.

## THE CLUB RECOGNISES THAT

- The Care Act (2014) has created a legal framework for how Local Authorities, other agencies and organisations should work together to protect adults at risk of abuse or neglect.
- The Care Act also recognises that safeguarding individuals requires multi-agency responsibility and partnership work. This can only be achieved by working together with Police, NHS and other key organisations as well as awareness of the wider public.
- The advances in the Making Safeguarding Personal (2014) approach goes hand in hand with this policy and procedures; empowering people to speak out, with actions and outcomes tailored to the needs of the individual.

# ADULT AT RISK ACTIVITIES

Activities undertaken by the Club the following locations involving adults at risk are under the remit of this Policy. They include but are not limited to:

## STAMFORD BRIDGE

- First Team & Academy Fixtures.
- Stewarding and all other match day activities.
- Disabled Supporters Match Membership Scheme.
- Edge of the Box Club – Job seekers scheme.
- Chelsea Incubator – Employability programme.
- Adult Learners – BTEC L2 & L3.
- Chelsea Foundation Senior Fans Events.
- ‘Match day Wishes’ charity programme.
- Stamford Bridge Stadium & Museum tours and Events.
- Chelsea Megastore & other retail outlets (stadium & non-stadium).

## COBHAM TRAINING FACILITY & OTHER VENUES

- Chelsea Foundation & Community Adult programmes.
- Chelsea Foundation Adult Pan Disability Football Squad.

## SUPPORTERS WITH DISABILITIES – MATCHDAY PROVISION AT STAMFORD BRIDGE

- Disabled supporter’s tickets available to registered disabled members via a rota system.
- Visually impaired supporters have access to radio commentary at matches. An ear piece can also be collected on Matchday from the ticket office.
- Staffed sensory room for children with autism and other sensory needs to view the game in a safe and calming environment.
- Radar key toilet access is available to supporters with disabilities.
- Accessible seating and wheelchair viewing platforms.
- Designated Safeguarding Stewards.

## ADULT AT RISK ACTIVITIES

The Club also supports the Chelsea Disabled Supporters’ Association (CDSA) with the aim of building and maintaining close relationships between the Club and its disabled supporters, this includes continually reviewing and making improvements to the amenities and provision for such supporters. The committee also review other relevant objectives for the benefit of the CDSA members.



# ROLES AND RESPONSIBILITIES

## THE SAFEGUARDING HUB

The Safeguarding Hub is a specialist team that oversees and is responsible for safeguarding matters across the Club.

The Safeguarding Hub's primary objective is to ensure the safety and wellbeing of all children, young people and at risk adults who participate/attend the Club and its activities. This is achieved by working proactively and inclusively to create a culture whereby adults at risk are listened to, consulted and treated with respect. The Safeguarding Hub work with colleagues across all areas of the Club to ensure the welfare of all adults at risk is the first priority.

All concerns relating to adults at risk are responded to with integrity and in the best interests of the adult or adults involved. The Safeguarding Hub work collaboratively within a multi-agency framework to achieve this.

### HEAD OF SAFEGUARDING

**Eva Bari**

### SAFEGUARDING MANAGER

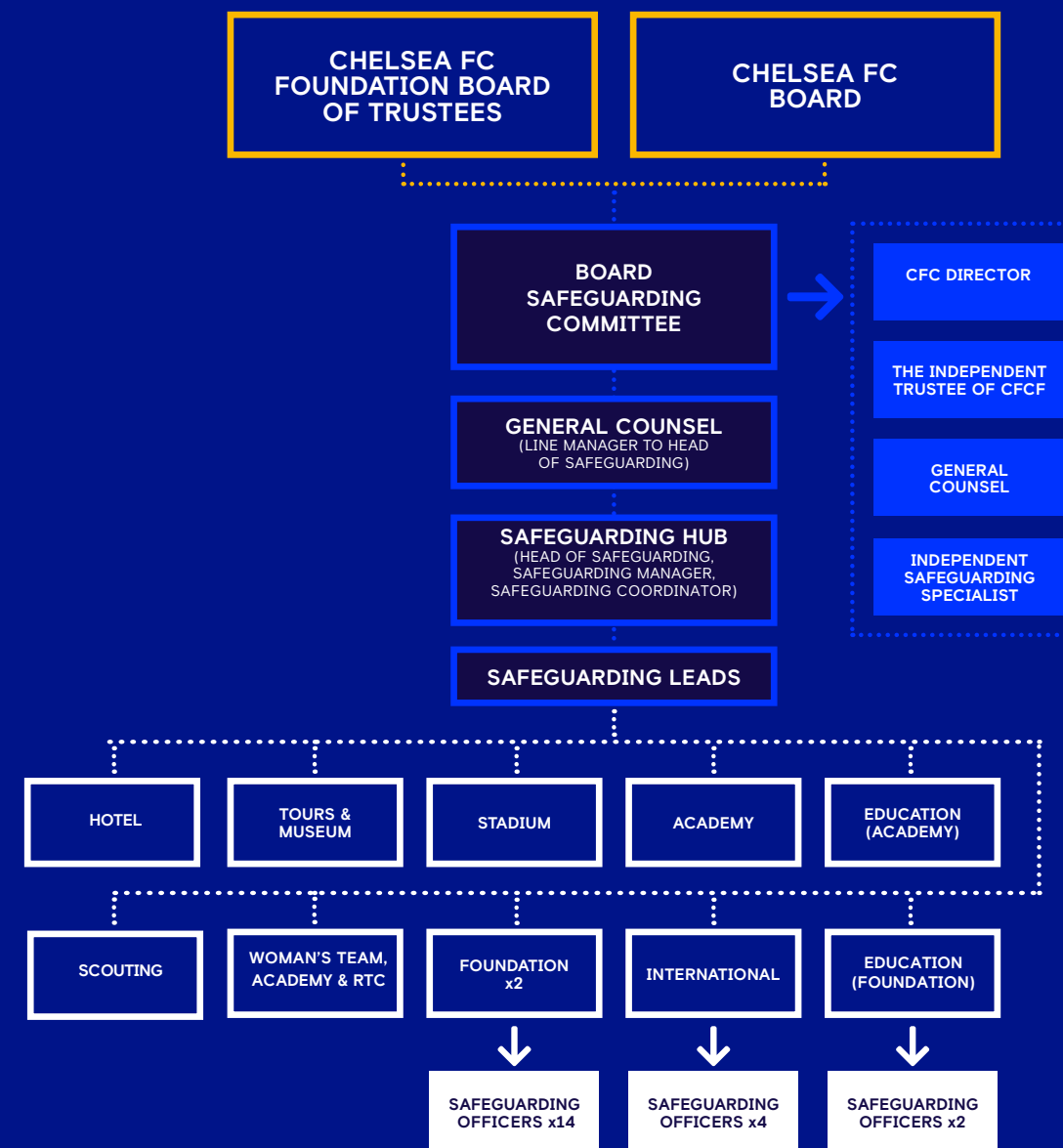
**Nancy Nicholas**

### SAFEGUARDING COORDINATOR

**George Richardson**

The Club has a comprehensive safeguarding structure which ensures the safety and welfare of all adults at risk who interact with the club.

## SAFEGUARDING STRUCTURE AT CHELSEA FC





## THE ROLE OF THE DESIGNATED SAFEGUARDING LEAD & OFFICER

- Supporting the Safeguarding Hub to promote the welfare of adults at risk of harm.
- Implementing the Club's reporting and recording procedures and be the first point of contact with the Safeguarding Hub.
- Report safeguarding concerns or poor practice to the Safeguarding Hub.
- To maintain a high profile as the recognised point of contact, freely available to all individuals wishing to raise concerns or seek help and guidance on any questions connected with the Club's Safeguarding Policy and Procedures.
- Promote the Club's safe working practice guidance, code of conduct and assist with risk assessments of activities. To communicate clearly with all staff, volunteers, parents/carers and vulnerable groups associated with the Club on matters related to the safeguarding of children and adults at risk of harm providing advice and support when necessary.

## BOARD SAFEGUARDING COMMITTEE (BSC)

The Boards of Chelsea Football Club Limited (the "Club") and the Chelsea FC Foundation (the "Foundation") recognise their primary responsibility to safeguard children and adults at risk with whom the Club and Foundation have contact in the course of their activities.

Both Boards wish there to be a consistency of approach between Club and Foundation on matters of safeguarding with a sharing of best practice, and learning of lessons from any near misses or poor practice, between both.

All members of the BSC are Level 3 safeguarding trained. The BSC meet every quarter. The Head of Safeguarding attends each meeting.

# LSAB

LOCAL  
SAFEGUARDING  
ADULTS  
BOARD

**The Safeguarding Adults Board is a multi-agency partnership which has statutory functions under the Care Act 2014.**

**The purpose of the Local Safeguarding Adults Board is to help safeguard adults with care and support needs. LSABs achieve this by:**

- Working as part of a multi-agency group including health services, mental health services, social care, voluntary sector, and Police.
- Ensuring that local safeguarding arrangements are in place as defined by the Care Act 2014 and statutory guidance.
- Ensuring there are processes in place to ensure safeguarding practice is person-centred and outcome-focused.
- Working collaboratively to prevent abuse and neglect where possible
- Ensuring agencies and individuals give timely and proportionate responses when abuse or neglect have occurred.
- Assuring itself that safeguarding practice is continuously improving and enhancing the quality of life of adults in its care.

**The Club has a responsibility to maintain a regular dialogue with the Local Safeguarding Adults Board. Our contact with adults at risk occurs across a number of Local Authorities across England including but not limited to:**

Surrey County Council Adult Social Care

Hammersmith and Fulham Adult Social Care







# SAFER RECRUITMENT

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# SAFER RECRUITMENT

**As part of the Club recruitment and selection process, offers of work for positions which come into contact with adults at risk are subject to a satisfactory self-declaration and appropriate Disclosure and Barring Service checks. The Club have a robust recruitment process in place including interview, written references and induction to the Club's Code of Conduct.**

The Club have a robust process in place to risk assess any content (including cautions, both spent and unspent convictions, reprimands and warnings) disclosed on an individual's disclosure form.

In all instances of disclosed content, a multi-disciplinary DBS panel process is initiated. The DBS panel is chaired by the Head of Safeguarding. The panel includes a HR representative, line management and additional departments where appropriate.

**This panel carries out a comprehensive review and risk assessment of:**

- The nature of the offence.
- How long ago the offence occurred, age of first offence, pattern of offending and the circumstances of the disclosure.
- The impact of the offence on the role they will be undertaking.

The panel complete an analysis of the information and form an assessment of risk. Unanimous agreement must be reached by all members of the panel. Where an offence is complex in nature, or agreement cannot be reached, advice and consultation may be sought from the Local Authority and/or other appropriate statutory agency.

Further information can be found in the Club's Recruitment Policy and Safer Recruitment Guidance available on the intranet.

## INDUCTION AND TRAINING

During the induction process, colleagues and volunteers are required to attend the Club's Safeguarding Induction which includes familiarisation with this policy and an outline of their responsibility to safeguarding vulnerable groups.

Where appropriate, colleagues working directly with adults at risk are supported by a safeguarding training programme to supplement this written policy.







USE OF  
PHOTOGRAPHY  
AND FILM IMAGES

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The Club takes its guidance on the use of images from guidelines issued by the FA and Premier League. All images are taken by club photographers who have been briefed by a Club Designated Safeguarding Lead/Officer or; by a member of the Communications department responsible for the activity being photographed or filmed. In some instances, imagery may be recorded by other members of Chelsea FC staff under the instruction of their line manager.

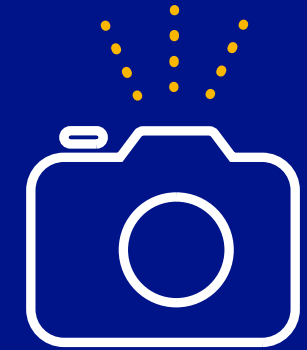
**When an adult with care or support needs is the main subject, the Club:**

- Will seek specific written consent from the adult, letting them know how their image will be used.
- Acknowledge that the only person who can offer consent for the use of their image is the adult themselves.
- Recognise that family members such as adult children, parents, spouses or siblings and support workers/ personal assistants should not be approached to sign consent forms for adults where adults have capacity to consent to being photographed.
- Ensure that if there are concerns that an adult does not have the capacity to give consent to photography or filming, or understand that photographs or films are being taken during an activity, an appropriate member of staff must discuss this with the individual, including if appropriate, any support person or personal assistant for the adult.

- Ensure that if after this conversation it is felt that the adult still cannot give consent, their photo is not used.
- Understand that consent for use of the photo or film is only for the specified purpose and should not be reused in any other promotional event or material without additional permission being sought.
- Ensure that people have a way of withdrawing their consent for the use of their image and know that they can do this at any time.



# BEST PRACTICE GUIDELINES



- Images of adults should portray all individuals in an empowering and positive manner.
- Images should focus on the activity being undertaken as opposed to the individual.
- Imagery should aim to portray the diverse participants within football.
- The suitability of including full names and locations should be carefully considered, taking into account any vulnerability and risk of harm that this could cause for the adult. For example, where an adult has experienced domestic abuse and has in place an injunction or restraining order, printing their name and location could place them in significant danger.
- Adults must be appropriately dressed in all imagery.





# SUPERVISION AND STAFFING RATIOS

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# SUPERVISION OF ADULTS AT RISK

The safety and wellbeing of all participants is of paramount importance. It is important to ensure that, in planning and running sports activities for adults at risk, consideration is given to providing an appropriate staffing and supervision ratio of staff to participants.

This enables staff to:

- Minimise risks to participants
- Enhance the benefits adults draw from the activity

The Club adheres to best practice guidance from the local authority in relation to the supervision of Club employees or workers to adults at risk. Generally, there should always be a minimum of two members of staff at all events or sessions that are primarily for adults at risk.

Particular activities may require more or fewer Club members of staff to adult at risk ratios due to:

- Needs and capacity of the adults at risk
- Nature of the activity and environment
- Risk assessments information identifying potential behavioural or other issues
- Expertise and experience of the staff involved
- Mixed gender adult at risk activities will require adults of both genders to supervise where possible

Decisions around the appropriate staff to participant ratios are made in consultation with the following departments:

- Health and Safety
- Safeguarding
- Disability and Inclusion
- Match Day Safety
- Security





A blue-tinted photograph of a group of people, likely medical staff or emergency responders, standing on a field. They are wearing high-visibility safety vests and are engaged in conversation. In the foreground, there is a collection of medical equipment, including bags and boxes, some of which are labeled with 'LIFE' and 'FIRST AID'. The background shows a large, open area, possibly a stadium or a large field, with some structures visible in the distance.

# REPORTING AND RESPONDING

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**ALL ADULTS HAVE THE RIGHT TO LIVE IN SAFETY, FREE FROM ABUSE AND NEGLECT.**

It is crucial that individuals and organisations work together to create an environment that listens, values and acts on concerns or worries raised by adults at risk.

All colleagues at the Club have a responsibility to promote the welfare of all adults with whom we work. We have a responsibility to notice and respond appropriately and swiftly when there are concerns around abuse or the welfare of adults at risk. This responsibility equally applies to concerns about an adult's life at home, within football and other environments; and concerns around an adult's treatment by family, peers or professionals.



# TYPES OF ABUSE AND NEGLECT



The Care Act recognises 10 categories of abuse that may be experienced by adults. This is not intended to be an exhaustive list but an illustrative guide as to the sort of behaviour or issue which could give rise to a safeguarding concern.

## NEGLECT

Including ignoring medical or physical care needs, failure to provide access to appropriate health social care or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating.

## SELF-NEGLECT

This covers a wide range of behaviour: neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding.

- Very poor personal hygiene, unkempt appearance
- Lack of essential food, clothing or shelter, malnutrition and/or dehydration
- Living in squalid or unsanitary condition, neglecting household maintenance
- Hoarding or collecting a large number of animals in inappropriate conditions
- Non-compliance with health or care service or an inability or unwillingness to take medication or treat illness or injury

## MODERN SLAVERY

Encompasses slavery, human trafficking, forced labour and domestic servitude. Traffickers use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment.

- 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 enforcement or other agencies

## DOMESTIC ABUSE

Including psychological, physical, sexual, financial and emotional abuse. It also includes 'honour' based violence.

- 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 or freedom to go places or take part in activities freely

## DISCRIMINATORY

Discrimination is abuse which centres on a difference or perceived difference particularly with respect to race, gender or disability or any of the protected characteristics of the Equality Act (2010).

- The person appears withdrawn and isolated
- Expressions of anger, frustration, fear or anxiety

## TYPES OF ABUSE AND NEGLECT

### ORGANISATIONAL ABUSE

Including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one's own home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.

- Discouraging visits or the involvement of relatives or friends
- Run-down or overcrowded establishment
- Authoritarian management or rigid regimes
- Lack of leadership and supervision
- Insufficient staff or high turnover resulting in poor quality care
- Abusive and disrespectful attitudes towards people using the service
- Inappropriate use of restraints
- Lack of respect for dignity and privacy
- Not offering choice or promoting independence
- Misuse of medication
- Not taking account of individuals' cultural, religious or ethnic needs
- Failure to respond to abuse appropriately
- Interference with personal correspondence or communication
- Failure to respond to complaints

### PHYSICAL ABUSE

Includes hitting, slapping, pushing, kicking, misuse of medication, restraint or inappropriate sanctions

- No explanation for injuries or inconsistency with the account of what happened
- Injuries that 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 and/or unexplained falls
- Subdued or changed behaviour in the presence of a particular person
- Failure to seek medical treatment or frequent changes of GP

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### EMOTIONAL OR PSYCHOLOGICAL ABUSE

This includes threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks.

- An air of silence when a particular person is present
- Withdrawal or change in the psychological state of the person
- 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

### SEXUAL ABUSE

Including rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting.

- Bruising, particularly to the thighs, buttocks and upper arms and marks on the neck
- Torn or stained 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, or withdrawal from relationships
- Fear of receiving help with personal care
- Reluctance to be alone with a particular person

### FINANCIAL OR MATERIAL ABUSE

Including theft, fraud, internet scamming, coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.

- Missing personal possessions
- Unexplained lack of money or inability to maintain lifestyle
- Unexplained withdrawal of funds from accounts
- The person allocated to manage financial affairs is evasive or uncooperative
- The family or others show unusual interest in the assets of the person
- 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



## TYPES OF ABUSE AND NEGLECT

The following types of abuse are not included in the Care Act 2014 but are also relevant:

### CYBER BULLYING/ONLINE ABUSE

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. It can be used to carry out many different types of bullying (such as racist bullying, homophobic bullying, or bullying related to special educational needs and disabilities) but instead of the perpetrator carrying out the bullying face-to-face, they use technology as a means to do it.

### MATE CRIME

A 'mate crime' as defined by the Safety Net Project is 'when vulnerable people are befriended by members of the community who go on to exploit and take advantage of them. It may not be an illegal act but still has a negative effect on the individual.' Mate Crime is carried out by someone the adult knows and often happens in private. In recent years there have been a number of Serious Case Reviews relating to people with a learning disability who were murdered or seriously harmed by people who purported to be their friend.

### 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. A forced marriage differs from an arranged marriage, in which both parties consent to the assistance of a third party in identifying a spouse. The Anti-social Behaviour, Crime and Policing Act (2014) makes it a criminal offence to force someone to marry.

### 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.

## POINTS TO CONSIDER



It is important to remember that abuse can affect any person regardless of their age, gender, ethnicity, sexual orientation, religion or socio-economic position. Abuse can be perpetrated by family members, family friends, professionals, young people or adults.

Adults may experience multiple types of abuse at one time. It is important to also be aware that adults may experience abuse from multiple people. Abuse can happen anywhere: for example, in someone's own home, in a public place, in hospital, in a care home or within a football context. It can take place whether an adult lives alone or with others.

# DISCLOSURES FROM ADULTS

**All members of staff at the Club have a responsibility to act on any concerns or disclosures of abuse from adults whether they are recognised to be at risk or not. This applies to disclosures from individuals about another person.**

There may be times when an adult discloses that they are a victim of abuse or maltreatment. At times, the person may not recognise the behaviour as abuse. They may have an inherent feeling that something is not right and want to tell someone what may be happening. It is important to create an environment and culture that enables adults to feel able to disclose abuse. It is important that the person feels that the people around them will believe what they are saying. They need to feel that the person they've told can be trusted to help make it stop and help them to access support.



## PREPARATION

- Have an understanding of the signs and indicators that should cause concern.
- Think about what you might say/do before acting.
- Be sensitive – arrange a safe and private environment for the person to talk if this is safe and possible. If you are speaking to the person alone, try and let someone know what you are doing and where you are going beforehand. If this is not possible, let another member of staff know as soon as it is possible.

## DURING

- Listen to what the person says carefully, without interrupting.
- Do not ask closed questions – you are not investigating the concern.
- Keep an open mind about what you are told and take any disclosure seriously, even if you cannot see any injury which would support the story.
- Stay calm. Do not show shock or horror or intense emotional response.
- Be responsive – acknowledge how difficult it was for the person to tell. Reassure and let them know that they were right to tell and they have done nothing wrong.
- Ask them what they would like to happen next.
- Don't promise confidentiality but explain that information will only be shared when it is for their protection or support.

## AFTER

- Let the person know that you will need to tell someone so that they can help. Reassure them that you will only share what is necessary to keep them safe.
- Do not delay action in response to a disclosure.
- At the earliest opportunity make a written record.
- Do not be afraid of being wrong, or be concerned about starting an investigation.
- Discuss your concerns about an adult at risk with your line manager, a Designated Safeguarding Lead/Officer or Safeguarding Hub.
- Be supportive – work collaboratively with the Safeguarding Hub to put arrangements in place for initial support for the individual.





### DELAYED DISCLOSURES & RETRACTIONS

Adults who have experienced abuse may tell others about it gradually – this can be months or years after abuse has occurred.

Adults at risk of harm may remain silent, deny that it happened, or produce a series of disclosures of abuse followed by retractions. This is a normal response to trauma and abuse and should not be taken as sign that the disclosure is false. There are many reasons that an adult at risk may retract a disclosure of abuse: fear of professional intervention, worry about the consequences, and fear of the abuser. The person may also be experiencing ongoing abuse after disclosing.

### NON-RECENT ABUSE

Sometimes called ‘historical abuse’, ‘non-recent’ abuse is an allegation of abuse made by or on behalf of someone who is now 18 years or over, relating to an incident which took place when the alleged victim was under 18 years old. Disclosures of this nature should be treated in the same way as any other disclosure of abuse.

# REPORTING CONCERNS & MAKING REFERRALS

If you are concerned about an adult at risk of harm; or you are concerned about the behaviour an adult is displaying, you must act. Where there is a concern about a person’s immediate safety call 999.

**Do not assume that someone else will help the adult at risk.**

It is important that you report any concerns to either one of the following;

- Designated Department Safeguarding Lead or Officer
- A member of the Safeguarding Hub

All Club staff have a responsibility to promote the welfare of an adult at risk, ensure their safety; and protect them from harm or abuse.



# TAKING NO ACTION IS NOT AN OPTION

1

You can report safeguarding concerns via phone call to share initial details of the incident. In most cases the Designated Safeguarding Lead/ Officer will then complete a Chelsea FC Safeguarding Referral Form and refer it to the Safeguarding Hub.

2

The Safeguarding Hub will then assess the concerns based on the information given and plan the next steps and actions required. Wherever possible, we work together with the adult to find ways to help them to stay safe and access support.

**These steps can include:**

- Speaking to the individual and obtaining their wishes and feelings
- Information sharing within Chelsea FC and Foundation, strictly on a need to know basis
- Referrals to statutory agencies
- Safety planning
- Gathering further and/or clarifying information

**In some cases, it may be appropriate to work with both the adult and their family.**

## MEDICAL ATTENTION

If an adult at risk requires urgent medical attention, an ambulance should be called. Where an ambulance is called, the adult at risk should be asked whether they would like to be accompanied by a member of staff, or a family member, carer or friend. Whether travelling with the injured person or not, staff members must inform medical staff that non-accidental injury is suspected. At this point, also inform a member of the Safeguarding Hub.



## REFERRALS TO ADULT SOCIAL CARE

### ALSO REFERRED TO AS ADULT SERVICES

The Safeguarding Hub must consult with the Local Authority if they have information to suggest that an adult may be at risk of experiencing significant harm or abuse.

If the Club has safeguarding concerns in relation to an adult at risk or their carers, the Club may refer these concerns to external agencies including the Police and health agencies.

Chelsea FC and Foundation are also required to report concerns to the FA and the Premier League where there are allegations/concerns relating to a member of staff in a position of trust.

# CONSENT

Under the Mental Capacity Act (2005), adults should be assumed to have capacity to make decisions about their own life. As such, in the first instance, the Club seeks to work proactively with individuals and involve them wherever possible in decisions about their care and safety.

Where there is a safeguarding concern, and a referral to statutory services is deemed the correct course of action, the Club will endeavour to speak to the individual and obtain their permission to refer to the Police, adult social care or other appropriate services in cases where it is safe to do so.

## BEST PRACTICE

To obtain consent, an appropriate member of staff should discuss the nature of the concern with the individual, the reasons why a referral is appropriate and explain some potential outcomes. This helps to enable the person to make an informed decision about the next steps. At this point, adults should be listened to, given the opportunity to talk and their views should be recorded.

## MENTAL CAPACITY ACT (2005)

Where there are questions or concerns about an individual's capacity to make a decision, contact the Safeguarding Hub for more information and guidance.

## What happens if a person does not consent?

Where an adult at risk refuses to give consent to a referral or to their information being shared, careful consideration must be given to whether there is sufficient reason to complete a referral without the adult's consent. This may be in instances where:

- There are significant concerns around the adult's capacity to make a decisions about their safety and/or support care needs that they may have.
- There are concerns of coercion, threats or other pressure that may impact their ability to make an informed choice.
- Where others may be at risk of harm.
- A referral to a statutory agency is in the public interest. This can including sharing information to protect adults from serious harm, promote the welfare of children or prevent crime and disorder.

There can be instances in which seeking permission to refer an adult to statutory services may place them or someone else at further risk of harm. There are also instances in which alerting an individual could potentially jeopardise a criminal investigation. Chelsea FC Safeguarding Hub are able to advise on the appropriate course of action.





# CONFIDENTIALITY

Every effort should be made to ensure that confidentiality of safeguarding cases is maintained for all concerned. Information should be handled and disseminated on a need to know basis and only in the best interests and safety of all involved.

It may be appropriate to share information with:

- Chelsea FC/Foundation Safeguarding Team
- National Governing Body (FA, PL)
- The adult at risk or the person raising the concern
- The carer of the adult at risk who is alleged to have been abused, (where appropriate and with consent)
- Local Authority and Police
- Disclosure and Barring Service

Employees, workers, consultants, agency staff and volunteers may have access to confidential information about adults at risk in order to undertake their duties. In some circumstances, employees, workers, consultants, agency staff or volunteers may be given highly sensitive or private information.

Confidential or personal information about an adult at risk should not be used for their own or others advantage. Confidential information about an adult at risk should never be used casually in conversation or shared with any person other than on a need to know basis. In circumstances where the adult at risk's identity does not need to be disclosed, the information should be handled anonymously.

## INFORMATION SHARING

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

If an employee, worker, consultant, agency staff or volunteer is in any doubt about whether to share information or keep it confidential, guidance should be sought from the Club's Safeguarding or Legal Team.

The storing and processing of personal information about adults at risk is governed by the Data Protection Act, 1998/2018. Data Protection Law is not intended to be a barrier to sharing information for the purposes of safeguarding. For further information on the Club's (and your) obligations under the Data Protection Act 1998/2018, please see the Chelsea FC's Data Protection Policy, available on the Club Intranet.





# 1

## WHEN THERE ARE CONCERNS ABOUT A MEMBER OF STAFF, CONTRACTOR OR VOLUNTEER

See Chelsea FC's Allegation Management guidance for further information.

**Concerns about the behaviour of a member of staff towards an adult at risk**  
(e.g. suspicions or allegations of poor practice or possible abuse)



Notify your designated Safeguarding Lead/Officer



Safeguarding Lead/Officer completes Chelsea FC internal referral form and sends to Safeguarding Hub.



Head of Safeguarding, in consultation with frontline staff, consider next steps



Poor practice/breach of codes of conduct



Possible abuse/criminal offence

Refer to the Allegation Management guidance for further information on the next steps and possible outcomes.

# 2

## WHEN THERE ARE CONCERNS ABOUT AN ADULTS SAFETY OR WELLBEING OUTSIDE OF A SPORTING CONTEXT

**Member of staff, coach or volunteer made aware of concerns about an adult at risk's welfare or safety**  
E.g. suspicions of bullying, mental ill health, allegations of abuse within the family



Notify your designated Safeguarding Lead/Officer



If an adult at risk requires immediate medical attention, arrange this and ensure that the medic is informed that there may be an adult at risk's concern or allegation



Safeguarding Lead/Officer completes Chelsea FC internal referral form and sends to Safeguarding Hub



Head of Safeguarding makes a decision on next steps. Including: consultation with social care, referral to statutory services. (All agreed actions are recorded)

After any incident, Chelsea FC always require partner agencies to complete a debrief form outlining actions taken and evidencing decision-making.





# ALLEGATION MANAGEMENT

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## SCOPE

Managing allegations is a core aspect of safe organisational practice. Within Chelsea Football Club and Foundation, this is adhered to in order to promote a safe practice environment for activities involving vulnerable people; both adults and children.

This practice has been developed through external, national and local guidance and underpinned through the Club's policies and procedures.

These procedures should be followed by Chelsea Football Club and Foundation by virtue of us providing services for adults at risk; and employing staff or volunteers who work with adults at risk.

This policy and procedure is in line with Local Safeguarding Adults board (LSAB) procedures within Local Authorities where Chelsea FC and Foundation operate. The procedure applies to historical information relating to current or previous Chelsea FC staff.

All reported historical allegations should be responded to in the same way as contemporary concerns. Compliance with these procedures ensures that allegations of abuse are dealt with expeditiously; consistently and through a thorough and fair process. The LSAB monitor and evaluate the effectiveness of this process.

## WHEN SHOULD IT BE APPLIED?

Allegations against members of staff working with adults at risk are managed in a similar manner as allegations against adults working with children and young people. These processes are applicable in instances where there is an allegation or concern that a member of staff or volunteer has:

- Behaved in a way that has harmed or may have harmed an adult at risk.
- Possibly committed a criminal offence against or related to an adult at risk.
- Demonstrated behaviour in their personal life that might indicate unsuitability to work with adults who are at risk of harm.





# ROLES AND RESPONSIBILITIES

Several agencies may be involved in handling allegations or safeguarding concerns relating to a member of staff.



## LOCAL SAFEGUARDING ADULTS BOARD

A Local Safeguarding Adults Board (LSAB) is a multi-agency body set up in every local authority. As well as the local authority, other organisations are represented on the LSAB.

A LSAB can include representatives from:

- Clinical Commissioning Groups (CCGs)
- Police
- Local Authority

The purpose of a Safeguarding Adults Board is to help and safeguard adults with care and support needs. It does this by:

- Ensuring that local safeguarding arrangements are in place as defined by the Care Act 2014 and statutory guidance.
- Ensuring that safeguarding practice is person-centred and outcome-focused.
- Working collaboratively with other agencies and organisations to prevent abuse and neglect where possible.
- Ensuring agencies and individuals give timely and proportionate responses when abuse or neglect have occurred.

Chelsea FC and Foundation may work, with or under the direction of, members of the LSAB when safeguarding adults at risk.

## ADULTS SOCIAL CARE

Safeguarding concerns about a member of staff working with adults at risk are reported to Adults Social Care. Who will:

- Create a record of concerns.
- Advise on the next appropriate steps.
- Liaise with Police where allegations constitute as a suspected offence.
- If deemed appropriate, liaise with Children's Services LADO (Local Authority Designated Office) where the alleged perpetrator works within a role with children and young people.
- Review how the allegation was followed up and resolved, the decisions reached the employer and the action taken.
- Advise on the appropriateness of a referral to Disclosure Barring Service.

## THE POLICE

The Police will:

- Have strategic oversight of the local Police arrangements for managing allegations against staff and volunteers.
- Liaise with the LSAB on the issue.
- Liaise with Adult Social Care.
- Take part in strategy meetings/discussions. The progress of cases in which there is a Police investigation.
- Share information as appropriate, on completion of an investigation or related prosecution.

# MANAGING ALLEGATIONS

## **A** INITIAL RESPONSE TO AN ALLEGATION OR CONCERN

An allegation against a member of staff may arise from a number of sources including, but not limited to:

- A report from an individual.
- A concern raised by a member of staff within Chelsea FC.
- A concern raised by a member of staff from another organisation.
- A complaint by a parent or carer.

### **Initial action by person receiving or identifying an allegation or concern.**

The person to whom an allegation or concern is first reported should treat the matter seriously and keep an open mind.

#### **THEY SHOULD NOT:**

- Investigate or ask leading questions if seeking clarification.
- Make assumptions or offer alternative explanations.
- Promise confidentiality, but give assurance that the information will only be shared on a 'need to know' basis.
- Attempt to challenge the alleged member of staff or inform them that the allegation has been made.

#### **THEY SHOULD:**

- Make a written record of the information where possible in adult's own words including the time, date and place of incident(s), persons present and what was said (using forms provided by Chelsea FC Safeguarding Hub).
- Sign and date the written record.
- Immediately report the matter to their line manager and Designated Safeguarding Lead/Officer (if this is not the same person). The matter should then be referred to the Safeguarding Hub in line with Chelsea FC Managing Allegations Flow Chart.

## **B** INITIAL ACTION BY THE SAFEGUARDING HUB

When informed of a concern or allegation, the Head of Safeguarding or Safeguarding Manager will not investigate the matter or interview the member of staff, adult concerned or potential witnesses.

#### **THEY WILL:**

- Obtain written details of the concern/ allegation, signed and dated by the person receiving (not the child/adult making the allegation).
- Approve and date the written details.
- Record any information about times, dates and location of incident(s) and names of any potential witnesses.
- Record discussions about the adult and/or member of staff, any decisions made, and the reasons for those decisions.
- Create a risk management plan to ensure that immediate risk to adults at risk is minimised.
- The Safeguarding Hub may also have a no names consultation with statutory agencies in order to seek advice and guidance.

Where threshold is met, they will refer the allegation to Adult Social Care within one working day. The FA and Premier League will also be copied into the referral. Referral will not be delayed in order to gather information.

If an allegation requires immediate attention, but is received outside normal office hours, the Head of Safeguarding/Safeguarding Manager will consult the Adult's Services Emergency Duty Team or the Police.

The Safeguarding Hub will inform Chelsea FC Human Resources (HR) of any allegation against a member of staff. A HR Officer will then be appointed to the case and conduct any Club action and/or investigation required. The Board Safeguarding Committee (BSC) will be notified of any concerns or allegations against a member of staff to ensure board oversight.





## INITIAL CONSIDERATION BY THE LOCAL AUTHORITY

Adult Social Care considers the level of risk and any protection or support plans required to keep the adult safe. This may include communications with the adult, Chelsea FC and Foundation, and other appropriate agencies or individuals.

### There are up to 3 strands in the consideration of an allegation:

- 1 A Police investigation of a possible criminal offence.
- 2 Adult Social Care Services enquiries and/or assessment about whether an adult is in need of protection or support services.
- 3 Consideration by Chelsea FC of disciplinary action.

### How should you treat the member of staff whilst management of allegation is ongoing?

#### THEY SHOULD:

- Be treated fairly and honestly and helped to understand the concerns expressed and processes involved.
- Be kept informed as appropriate of the progress and outcome of any investigation and the implications for any disciplinary or related process.
- If suspended, be kept up to date about events in the workplace as appropriate.

## CONFIDENTIALITY

Every effort should be made to maintain confidentiality and guard against publicity while an allegation is being investigated or considered.

Apart from keeping the adult at risk and alleged perpetrator up to date with progress of the case, information should be restricted to those who have a need to know in order to protect adults at risk, facilitate enquiries, manage related disciplinary or suitability processes. Chelsea FC and Foundation should not provide identifying information to the press or media.

## REPORTING RESTRICTIONS

The reporting restrictions cease to apply if the individual to whom the restrictions apply effectively waives their right to anonymity by going public themselves or by giving their written consent for another to do so, or if a judge lifts restrictions in response to a request to do so.

### ALLEGATIONS AGAINST MEMBERS OF STAFF IN THEIR PRIVATE LIVES:

If an allegation or concern arises about a member of staff, outside of his/her work with adults at risk, and this may present a risk to vulnerable groups for whom the member of staff is responsible, the general principles outlined in these procedures will still apply.

If the risk is high and the person is assessed to pose an immediate risk to vulnerable groups, Adult Social Care will make a decision to disclose the information to the Club. The individual concerned will be informed of what information will be disclosed and the reasons for this.

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In some cases, an allegation of abuse against someone closely associated with a member of staff (e.g. partner, member of the family, or other household member), may present a risk to vulnerable groups for whom the member of staff is responsible. In these circumstances a strategy meeting led by Police or Adults Social Care, should be convened to consider:

- The ability and/or willingness of the member of staff to adequately protect the vulnerable people they work with.
- Whether measures need to be put in place to ensure their protection.
- Whether the role of the member of staff is compromised.

**Chelsea FC and Foundation will seek guidance from Adults Social Care where there are concerns relating to a member of staff in their personal life and/or a close associate.**

### CLUB ACTION DURING INVESTIGATIONS

For information relating to Club action during safeguarding investigations, including suspension and resignation, contact Human Resources or refer to Chelsea FC Intranet.

### SUPPORT

Chelsea FC and Foundation, together with Adult Social Care and/or the Police, where they are involved, should consider the impact on the member of staff concerned and provide support as appropriate.

Liaison between the agencies should take place in order to ensure that the individual's needs are met. As soon as possible after an allegation has been received the accused member of staff should be advised to contact their union or professional association.

Human Resources should be consulted at the earliest opportunity in order that appropriate support can be provided via the organisation's occupational health or employee assistance arrangements.

### ORGANISED ABUSE AND NON-RECENT ABUSE

The Police and Adult Social Care should be alerted to signs of organised or widespread abuse and/or the involvement of other perpetrators or institutions.

Non-recent abuse (sometimes known as historical abuse) is an allegation of neglect, physical, sexual or emotional abuse made by or on behalf of someone who is now 18 years or over, relating to an incident which took place when the alleged victim was under 18 years old.

Non-recent allegations should be responded to in the same way as contemporary concerns. It will be important to ascertain if the person is currently working with children or adults at risk and if that is the case, to consider whether the current employer should be informed.

### SHARING INFORMATION

Wherever possible the Police and Adult's Services should, during the course of their investigations and enquiries, obtain consent to provide the employer and/or regulatory body with statements and evidence for disciplinary purposes.

If the Police or Crown Prosecution Service decide not to charge, or decide to administer a caution, or the person is acquitted, the police should pass all relevant information to the Club without delay. If the person is convicted, the Police should inform the Club and Adult Social Care straight away so that appropriate action can be taken.

### RECORD KEEPING

The Club keep a clear and comprehensive summary of the case record on the individual's confidential personnel file. The record should include details of how the allegation was followed up and resolved, the decisions reached and the action taken.

### WHY DO WE NEED TO KEEP A RECORD?

The purpose of the record is to enable accurate information to be given in response to any future request for a reference if the person has moved on. It will provide clarification where a future DBS request reveals non convicted information, and will help to prevent unnecessary reinvestigation if an allegation surfaces after a period of time.

In this sense, it may serve as a protector to the individual themselves, as well as in cases where substantiated allegations need to be known about to safeguard future victims. Details of allegations that are found to be malicious should be removed from personnel records.

For further information relating to record keeping, refer to Chelsea FC Data Protection Policy available on the intranet.





# OUTCOMES

## (ALLEGATIONS OF ABUSE)

### UNSUBSTANTIATED AND FALSE ALLEGATIONS

Where it is concluded that there is insufficient evidence to substantiate an allegation, the Safeguarding Hub and Human Resources, should consider what further action, if any, should be taken.

Generally, false allegations made by adults at risk of abuse are rare and may be an indicator of abuse elsewhere which requires further exploration. If an allegation is demonstrably false, the employer should consider referring the matter to Adults Services to determine whether the adult is in need of support, or protection. If it is established that an allegation was malicious, the Police should be asked to consider what action might be appropriate.

### SUBSTANTIATED ALLEGATIONS AND REFERRAL TO THE DBS

The Disclosure and Barring Service (DBS) was established under the Protection of Freedoms Act 2012 and merges the functions previously carried out by the Criminal Records Bureau (CRB) and Independent Safeguarding Authority (ISA).

The relevant legislation is set out in the Protection of Freedoms Act 2012. There is a legal requirement for employers to make a referral to the DBS where they think that an individual has engaged in conduct that harmed (or is likely to harm) a child or adult at risk, or if a person otherwise poses a risk of harm to an adult at risk.

**Adult Social Care should discuss with Chelsea FC and Foundation whether a referral should be made to the Disclosure and Barring Service (DBS) in instances where:**

- An allegation is substantiated and the person is dismissed.
- The employer ceases to use the person's services.
- The person resigns or otherwise ceases to provide his/her services.

If a referral is to be made it should be submitted in accordance with DBS guidance.

Referrals are made to enable the DBS to consider whether an individual needs to be added to a barred list(s). This prevents the individual from working with children, young people and adults at risk. The duty to refer applies irrespective of whether another body has made a referral to the DBS in relation to the same person. This helps to make sure the DBS have all the relevant information to consider a case.

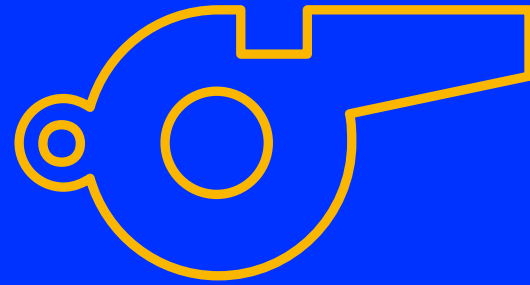
DBS can then make a fair, consistent and thorough decision about whether to bar a person from working with vulnerable groups.

In the event of referring to DBS, the Club will seek appropriate legal advice.

## WHISTLEBLOWING

Chelsea FC and Foundation has in place a robust whistleblowing policy and procedure which provides comprehensive guidance for all staff. Access the full policy via the Club intranet.

All staff should be made aware of the Club's whistleblowing policy and feel confident to voice concerns about the attitude or actions of colleagues.



### IF YOU WISH TO RAISE A CONCERN

📞 0808 1691 800

✉️ [Whistleblowing@ChelseaFC.com](mailto:Whistleblowing@ChelseaFC.com)

If a member of staff believes that a reported allegation or concern is not being dealt with appropriately by the Club, they should report the matter to Adult Social Care.

## LESSONS LEARNED

At the conclusion of a case, the Club will review the circumstances of the case to determine whether there are any improvements to be made to the organisation's procedures or practice to help prevent similar events in the future.





# RESOURCES AND INFORMATION

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**Our contact with children, young people and adults at risk occurs across a number of Local Authorities across England:**

### **STAMFORD BRIDGE**

#### **Hammersmith and Fulham**

020 8753 4198

020 8748 8588 (out of hours)

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[www.lbhf.gov.uk/crime/victim-support/safeguarding-adults](http://www.lbhf.gov.uk/crime/victim-support/safeguarding-adults)

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#### **Bi-borough Hammersmith & Fulham Safeguarding Adults Board**

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[www.peoplefirstinfo.org.uk](http://www.peoplefirstinfo.org.uk)

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### **THE ACADEMY AND REGIONAL TALENT CENTRE**

#### **Surrey County Council Adults Social Care**

0300 470 9100

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[www.surreycc.gov.uk/social-care-and-health/adults/contact](http://www.surreycc.gov.uk/social-care-and-health/adults/contact)

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#### **Surrey Safeguarding Adults Board (SSAB)**

Hammersmith & Fulham Safeguarding Adults Board

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[www.surreysab.org.uk](http://www.surreysab.org.uk)

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### **CHELSEA FC FOUNDATION'S INTERNATIONAL PROGRAMS**

Our contact with children, young people & adults at risk also occurs across international locations via the Foundation's International Programmes.

All Chelsea FC Foundation staff (both internationals and domestic) follow Chelsea Football Club's safeguarding policy and procedures. Where appropriate, Chelsea FC and Foundation work collaboratively with international partners to manage safeguarding concerns.

After any incident, Chelsea FC always require partner agencies to complete a debrief form outlining actions taken and evidencing decision-making.



## INFORMATION



### Chelsea Football Club Safeguarding Children Policy

Available via Chelsea FC Intranet

### Premier League

[www.premierleague.com/safeguarding](http://www.premierleague.com/safeguarding)

### Football Association

[www.thefa.com/football-rules-governance/safeguarding](http://www.thefa.com/football-rules-governance/safeguarding)

## RESOURCES



### The Care Act 2014

[www.gov.uk/government/publications/care-act-2014-statutory-guidance-for-implementation](http://www.gov.uk/government/publications/care-act-2014-statutory-guidance-for-implementation)

### Mental Capacity Act 2005

[www.legislation.gov.uk/ukpga/2005/9/contents](http://www.legislation.gov.uk/ukpga/2005/9/contents)

### Safeguarding Vulnerable Groups Act 2006

[www.legislation.gov.uk/ukpga/2006/47/contents](http://www.legislation.gov.uk/ukpga/2006/47/contents)

### Making Safeguarding Personal Guide 2014

[www.adass.org.uk/making-safeguarding-personal-publications](http://www.adass.org.uk/making-safeguarding-personal-publications)

### Sexual Offences Act 2003

[www.legislation.gov.uk/ukpga/2003/42/contents](http://www.legislation.gov.uk/ukpga/2003/42/contents)

### Disclosure & Barring Service 2012

[www.gov.uk/government/organisations/disclosure-and-barring-service](http://www.gov.uk/government/organisations/disclosure-and-barring-service)

### Equality Act 2010

[www.legislation.gov.uk/ukpga/2010/15/contents](http://www.legislation.gov.uk/ukpga/2010/15/contents)

## HELPFUL CONTACTS

### Safeguarding Hub

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

### Eva Bari

Head of Safeguarding  
[eva.bari@chelseafc.com](mailto:eva.bari@chelseafc.com)

### Nancy Nicholas

Safeguarding Manager  
[nancy.nicholas@chelseafc.com](mailto:nancy.nicholas@chelseafc.com)

### George Richardson

Safeguarding Coordinator  
[george.richardson@chelseafc.com](mailto:george.richardson@chelseafc.com)

### Whistleblowing Helpline

0808 1691 800  
[whistleblowing@chelseafc.com](mailto:whistleblowing@chelseafc.com)

### Human Resources:

[human.resources@chelseafc.com](mailto:human.resources@chelseafc.com)

## FOR MORE INFORMATION

**Jonathan Goldstein**  
Chelsea FC Board Lead

**Eva Bari**  
Head of Safeguarding  
[eva.bari@chelseafc.com](mailto:eva.bari@chelseafc.com)

**Nancy Nicholas**  
Safeguarding Manager  
[nancy.nicholas@chelseafc.com](mailto:nancy.nicholas@chelseafc.com)

**George Richardson**  
Safeguarding Coordinator  
[george.richardson@chelseafc.com](mailto:george.richardson@chelseafc.com)

**Safeguarding is everyone's responsibility**  
[safeguarding@chelseafc.com](mailto:safeguarding@chelseafc.com)

