



THE LEEDS UNITED

SAFEGUARDING POLICY AND

PROCEDURE

Safeguarding Children, Young People and Adults at Risk

2024 - 2025

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Document Control

Revision history

Version	Status	Revision date	Author	Summary of changes
0.1	draft	23/11/17	Helen Evans	First draft
0.2	draft	31/5/18	Helen Evans	Updated with Manging Director comments and LSCP
1.0	final	26/7/18	Helen Evans	Updated info sharing
1.1	final	13/6/19	Helen Evans	Updates from EFL on policies
1.0 2020	draft	23/11/20	Helen Evans	Annual update. Added professional boundaries
1.0 2021	draft	15/10/21	Helen Evans	Annual update. Incl MH in safeguarding definition & review by LCC Prevent team
2.0	final	27.08.24	Helen Evans	Board approved

Review and approvals

This document requires the following approvals:

Name	Signature	Title	Date of issue
Strategic safeguarding Board		approved	27/08/24

Glossary

Adult at Risk	Any person who is aged 18 years or over and at risk of abuse or neglect because of their needs for care and or support.
CEO	Chief Executive Officer
Children (disability)	Any child or young person under 18 years of age (or under 25 with a disability)
CPD	Continuous Professional Development
CPSU	Child Protection in Sport Unit
CRC	Criminal Record Checks
CYP	Children and Young People
DfE	Department for Education
DBS	Disclosure and Barring Service
DSO	Designated Safeguarding Officer
EFL	English Football League
FGM	Female Genital Mutilation
FMU	Forced Marriage Unit
HBV	Honour Based Violence
KCSE	Keeping Children Safe in Education
LADO	Local Authority Designated Officer
LUFC	Leeds United Football Club
LSAB	Leeds Safeguarding Adults Board
LSCP	Leeds Safeguarding Children Partnership
NCS	National Citizen Service Programme
NSPCC	National Society for the Prevention of Cruelty to Children
SSM	Senior Safeguarding Manager
SLA	Service level Agreement
Staff	Paid Staff and volunteers
The FA	The Football Association
WRCFA	West Riding County Football Association

1.0 Introduction

1.1 Support from the CEO

Leeds United acknowledges the duty of care to safeguard and promote the welfare of children and adults at risk and is fully committed to ensuring safeguarding practice reflects statutory responsibilities, government guidance and complies with best practice and Football Association requirements.

Leeds United will make sure that all children, young people and adults at risk have the same protection regardless of age, disability, gender, racial heritage, religious belief, sexual orientation or identity.

Leeds United has established policies and procedures for safeguarding children, young people, and adults at risk for the Club, Foundation, Academy, Women's, and match day teams that are underpinned by the understanding that safeguarding is everybody's responsibility.

All staff and volunteers will receive training and support in the delivery of the safeguarding policy and procedures to ensure we maintain a safe and positive environment and are empowered to listen to concerns and act accordingly.

Angus Kinnear

CEO

Leeds United FC

1.2 Policy Statement

This overarching policy and procedure has been developed as a reference and tool to be used by all staff, volunteers, sessional workers, participants and board members and must remain central to the activities of Leeds United.

All young people and adults at risk should be made aware of their rights, how we keep them safe while attending Leeds United activities and how to let us know if something occurs that we should be aware of. This will be done in a variety of ways including, but not limited to:

- Parent / player handbooks
- The policy on the club website
- Posters throughout our facilities
- Team Works / PMA App
- Through our staff / coaches
- Inductions & training

More detailed policies and procedures have been developed for the Foundation and Academy that reflect their specific activities and the relevant policy and procedure must be read in conjunction with this policy.

1.3 Aims/objectives

The aims for the Safeguarding Policy and Procedure are:

- To promote and prioritise the safety and wellbeing of children / young people and adults at risk, through a comprehensive staff training programme and safeguarding policy and procedure that is reviewed and updated appropriately.
- To ensure everyone understands their roles and responsibilities in respect of safeguarding and have access to appropriate learning opportunities to enhance their knowledge of safeguarding – both identification of abuse and the reporting processes should there be a cause for concern;
- To ensure appropriate action is taken in the event of concerns being identified, and to ensure support is provided to the person who raises or discloses the concern;
- To ensure that confidential, detailed and accurate records of all safeguarding concerns are maintained and securely stored. A central register is kept by the Head of Safeguarding;
- To ensure that appropriate people are employed by Leeds United through the implementation of a safer recruitment policy.

The objective of the policy and procedure is to recognise that the welfare and interests of children and adults at risk are paramount in all circumstances. It aims to ensure that regardless of age, ability or disability, gender reassignment, race, religion or belief, gender or sexual orientation, socio-economic background, all children and adults at risk:

- Have a positive and enjoyable experience attending activities organised by Leeds United in a safe and person-centred environment;
- Are protected from abuse;
- Are listened to and supported should a cause for concern be expressed.

Abuse can affect anyone regardless of whether they are a child, young person, or adult at risk and it is important to look out for the welfare of everyone and speak up if something does not feel quite right. If you are concerned that a child, young person or adult at risk is at risk of or is experiencing abuse or neglect then follow the procedure set out within this document.

1.4 Monitoring and review process

The policy will be reviewed annually, or in the following circumstances:

- Changes in legislation and/or government guidance
- As required by the Leeds Safeguarding Children Partnership (LSCP) or Adults Board (LSAB), UK Sport, West Riding County FA, Premier League and English Football League (EFL)
- As a result of any other significant change or event.
- A new activity or service involving contact with children or adults at risk is implemented

The Policy and Procedure will be reviewed by the Head of Safeguarding who is the member of staff with responsibility for Safeguarding.

The safeguarding Policy and Procedure should be checked against the online section 11 audit tool to ensure compliance with the latest legislation:

[Welcome | Organisational Safeguarding Assessment \(safeguarding.org.uk\)](https://safeguarding.org.uk)

As well as to reflect audits carried out by organisations on behalf of Premier League and to reflect the Premier League safeguarding standards.

A quarterly safeguarding report will be presented to the Board which will include:

- Proposed amendments to the Policy and Procedure following the annual review;
- Anonymised report showing safeguarding concerns and outcomes;
- Results of any mystery visits to sessions
- Results of audits and actions following the audit

The Safeguarding Policy and Procedure will also be included in the annual staff appraisals to ensure all staff are aware of the document and what it means to their role. This will also allow staff to feedback on any areas of concern or potential improvements to the policy.

2.0 References

Guidance for this document has been taken from information provided by the following organisations:

2.1 The Child Protection in Sport Unit (CPSU/NSPCC)

The Child Protection in Sport Unit (CPSU) is a partnership between the NSPCC, Sport England, Sport Northern Ireland and Sport Wales.

The Unit was founded in 2001 to work with UK Sports Councils, National Governing Bodies (NGBs), County Sports Partnerships (CSPs) and other organisations to help them minimise the risk of child abuse during sporting activities.

This followed a series of high-profile cases of abuse of young athletes by those in positions of trust such as coaches in the sports.

The CPSU mission is to build the capacity of sports to safeguard children and young people in and through sport and to enable sports organisations to lead the way in keeping children safe from harm.

Further details regarding the CPSU and advice for establishing and updating safeguarding policies and practices in sport can be found at: <https://thecpsu.org.uk/>

2.2 Section 11 of the Children Act (1989 and 2014)

Section 11 of the Children Act 2004 places duties on a range of organisations and individuals, including voluntary and private sector organisations to ensure their functions, and any services that they contract out to others, are discharged having regard to the need to safeguard and promote the welfare of children.

Organisations should have in place arrangements that reflect the importance of safeguarding and promoting the welfare of children, including:

- A clear line of accountability for the commissioning and/or provision of services designed to safeguard and promote the welfare of children.

- A senior board level lead to take leadership responsibility for the organisation's safeguarding arrangements.
- A culture of listening to children and taking account of their wishes and feelings, both in individual decisions and the development of services.
- Arrangements which set out clearly the processes for sharing information, with other professionals and with the Local Safeguarding Children Board (LSCP).
- A designated professional lead for safeguarding.
- Safe recruitment practices for individuals whom the organisation will permit to work regularly with children, including policies on when to obtain a criminal record check.
- Appropriate supervision and support for staff, including undertaking safeguarding training.
- Employers are responsible for ensuring that their staff are competent to carry out their responsibilities for safeguarding and promoting the welfare of children and creating an environment where staff feel able to raise concerns and feel supported in their safeguarding role.
- Staff should be given a mandatory induction, which includes familiarisation with child protection responsibilities and procedures to be followed if anyone has any concerns about a child's safety or welfare.
- All professionals should have regular reviews of their own practice to ensure they improve over time.
- Clear policies in line with those from the LSCP for dealing with allegations against people who work with children.
- Any allegation should be reported immediately to a senior manager within the organisation. The Local Authority Designated Officer (notification form in appendix 6.6) should also be informed within one working day of all allegations that come to an employer's attention or that are made directly to the police: and
- If an organisation removes an individual (paid worker or unpaid volunteer) from work such as looking after children (or would have, had the person not left first) because the person poses a risk of harm to children, the organisation must make a referral to the Disclosure and Barring

2.3 Ann Craft Trust

The Ann Craft Trust (ACT) is a national charity which exists to minimise the risk of abuse of disabled children and adults at risk. Through pioneering training, practice reviews and contributing to world-leading research, they support organisations to safeguard disabled children and adults at risk and minimise the risk of harm.

A particular area covered and partly funded by Sport England is the safeguarding of adults at risk in sport.

2.4 Leeds Safeguarding Children Partnership

Leeds Safeguarding Children Partnership (LSCP) is independently chaired and consists of three key agencies who collectively hold statutory responsibilities for safeguarding: the Local Authority (through Children and Families), Health (through NHS Leeds CCG Partnership) and West Yorkshire Police.

The LSCP's objectives are to:

- Co-ordinate local work undertaken by all agencies and individuals to safeguard and promote the welfare of children and young people
- Ensure the effectiveness of that work.

2.5 Leeds Safeguarding Adults Board

The Leeds Safeguarding Adults Board is a statutory body established under the Care Act 2014.

The Board works with partner agencies across the city to safeguard adults with care and support needs from abuse, neglect and self-neglect.

The vision statement of the Board is: 'Leeds - A safe place for everyone'

The role of the Board is to lead safeguarding arrangements across their locality and oversee and coordinate the effectiveness of the safeguarding work of its member and partner agencies.

Safeguarding Adults Boards have specific duties and responsibilities as set out in the Care Act. These include three core duties.

Safeguarding Boards must:

1. Develop and publish a strategic setting out how they will meet their objectives
2. Publish an annual report
3. Commission safeguarding adults reviews (SARs) for any cases which meet the criteria for these.

2.6 English Football League Safeguarding Standards

The Standards are grouped into the following seven sections:

- i. Leadership, governance, and culture
- ii. Roles and responsibilities
- iii. Prevention, policies, procedures and
- iv. Educating and empowering
- v. Protection
- vi Working Together
- vii. Listening culture

The Club is audited annually by the EFL against these standards.

3.0 Safeguarding Children and Young People

3.1 Legislation

The responsibilities for the safeguarding of children and young people are primarily established by:

The Education Act 1996 (2024 update)

Working Together to Safeguard Children 2018 (updated July 2022)

The Children Act 1989 and 2004

Keeping Children Safe in Education (2023)

Health and Safety at Work Act 1974

Management of Health and Safety at Work Regulations 1999

Modern Slavery Act 2015

Counter Terrorism and Security Act 2015

Private Fostering Regulations 2005

Female Genital Mutilation Act 2003

General Data Protection Regulations 2018

SEND Code of practice guidance 2015

Protection of Freedoms Act 2012

The abuse of children and young people is defined as:

'A form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Harm can include ill treatment that is not physical as well as the impact of witnessing ill treatment of others. This can be particularly relevant, for example, in relation to the impact on children of all forms of domestic abuse, including where they see, hear, or experience its effects. Children may be abused in a family or in an institutional or extra-familial contexts by those known to them or, more rarely, by others. Abuse can take place wholly online, or technology may be used to facilitate offline abuse. Children may be abused by an adult or adults, or another child or children

(Glossary, Working Together to Safeguard Children, 2024)

A child or young person is defined as someone who has not yet reached their 18th birthday. This status is not changed in any circumstances, such as living independently or working in the armed forces, being in further education or in hospital.

Safeguarding children is defined by the NSPCC as:

Safeguarding is the action you take to promote the welfare of children and protect them from harm. Safeguarding means:

- *protecting children from abuse and maltreatment*
- *preventing harm to children's health and development*
- *providing support to meet children's needs when problems emerge*
- *ensuring children grow up with safe and effective care, within their family where possible*
- *taking action to enable all children and young people to have the best outcomes.*

Child protection is part of the safeguarding process. It focuses on protecting individual children identified as suffering, or likely to suffer, significant harm. This includes child protection procedures detailing how to respond to concerns about a child.

3.3 Children with Special Educational Needs and Disabilities

Leeds United will make sure that all children, young people and adults at risk have the same protection regardless of age, disability, gender, racial heritage, religious belief, sexual orientation or identity.

In line with the SEND Code of practice 2015 Government guidance, the club will work with other providers to ensure that SEND children and young people will get the best experience that can be offered.

3.4 Types of abuse

The four main categories of abuse:

Physical abuse

Actual or likely physical injury to a child, or failure to prevent physical injury or suffering to a child. May involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.

Emotional abuse

Actual or likely severe adverse effect on the emotional, cognitive or behavioural development of a child caused by persistent or severe ill-treatment or rejection. All abuse involves some emotional ill-treatment. This category should only be used where it is the main or sole form of abuse.

The persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may include imposing unrealistic expectations on children which do not relate to their age or stage of development.

Sexual abuse

Involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse can be perpetrated by adult males, women or other children.

Neglect

Actual or likely persistent or severe neglect of a child, or the failure to protect a child from exposure to any kind of danger, including cold or starvation, or extreme failure to carry out important aspects of care, failing to meet a child's basic physical and/or psychological needs resulting in the significant impairment of the child's health or development, including non-organic reasons for failure to thrive. The persistent, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:

- Provide adequate food, clothing and shelter (including exclusion from home or abandonment).
- Protect a child from physical and emotional harm or danger.
- Ensure adequate supervision (including the use of inadequate caregivers); or
- Ensure access to appropriate medical care or treatment.

Further forms of abuse can include:

Child criminal exploitation

Prevalent in the Leeds area, this is defined by the NSPCC as child abuse where children and young people are manipulated and coerced into committing crimes. A child may be exploited to engage in criminal activities such as delivery of stolen goods or drugs, or be forced into criminal activities by Organised Crime Groups or Urban Street Gangs.

Child sexual exploitation

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

Child-on-child abuse

All staff should be aware that safeguarding issues can manifest themselves via child-on-child abuse. This is most likely to include, but may not be limited to:

- bullying (including cyberbullying).
- physical abuse such as hitting, kicking, shaking, biting, hair pulling, or otherwise causing physical harm.

sexual violence and sexual harassment.

- sexting (also known as youth produced sexual imagery); and
- initiation/hazing type violence and rituals.

When there is 'reasonable cause to suspect that a child is suffering, or is likely to suffer, significant harm' a bullying incident should be addressed as a child protection concern under the Children Act 1989. Where this is the case, staff should discuss with the designated safeguarding officer and report their concerns to their local authority children's social care and work with them to take appropriate action. Full details can be found in Part 1 of Keeping Children Safe in Education.

However, external support can be given to children whether or not it is deemed a child protection concern. Even where safeguarding is not considered to be an issue, the club may need to draw on a range of external services to support the pupil who is experiencing bullying, or to tackle any underlying issue which has contributed to a child engaging in bullying.

All reports of child-on-child abuse should be taken seriously and should be reported to the DSO and relevant manager as soon as possible for investigation and for appropriate action to be taken. The procedure for bullying should be followed in all cases. As with other forms of abuse, the correct course of action is to report to the emergency services should the incident be life threatening.

Where the incident involves 'sexting' then the following guidance should be followed: [UKCCIS Guidance: Sexting in schools and colleges, responding to incidents, and safeguarding young people.](#)

Grooming

Grooming is defined as developing the trust of an individual and/or their family for the purposes of sexual abuse, sexual exploitation or trafficking. Grooming can happen both online and in person.

Radicalisation

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

Female genital mutilation (FGM)

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

Bullying

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

Cyberbullying

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

Bullying as a result of any form of discrimination

Bullying because of discrimination occurs when motivated by a prejudice against certain people or groups of people. This may be because of an individual's ethnic origin, colour, nationality, race, religion or belief, gender, gender reassignment, sexual orientation or disability. Actions may include unfair or less favourable treatment, culturally insensitive comments, insults and 'banter'.

Poor practice

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

Hazing

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

Infatuations

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

Domestic violence & Abuse

Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged sixteen or over, who are or have been intimate with partners or family members regardless of gender or sexuality. This can encompass but is not limited to psychological, physical, sexual, financial, emotional abuse and so-called 'honour' based violence.

Domestic abuse can be psychological, physical, sexual, financial, or emotional and can impact on children through seeing, hearing or experiencing the effects of domestic abuse and/or experiencing it through their own intimate relationships.

Children are now considered victims of domestic violence & abuse if they live in a household where Domestic Violence & Abuse is present between adults in the household.

Fabricated or induced illness

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

Forced Marriage

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

Private fostering

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

County Lines

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

Whilst it is difficult to give a full comprehensive guide to signs which can indicate abuse, staff and volunteers need to be aware of the following points as indications of possible abuse: -

- Bruises and injuries untypical of football activity.
- Children/Young People become reluctant to remove a tracksuit, or even to shower.
- An unawareness or denial of any injury.
- Reluctance to give information or failure to mention previous known injuries.

- Constant presence of minor injuries.
- Uncharacteristic changes in the child's behaviour, attitude and commitment.
- Gossip from the peer group.
- Nervousness when approached or touched.
- Fear of particular adults – especially those with whom a close working relationship would normally be expected.
- Inappropriate sexual behaviour and awareness, including language and behaviour, according to that expected at the child's age.
- Children/Young People who spend a lot of time on their own and who find difficulty mixing with their peer groups.
- Underweight, poor skin colour (pink/purple mottled skin) and swollen limbs with sores that are slow to heal.
- Low self-esteem and a distinct lack of confidence.
- Attention seeking behaviour including a pre-occupation with sexual matters.
- Injuries to genital or anal areas.
- Unexplained or suspicious injuries such as bruising, bites or burns, particularly if situated on a part of the body not normally prone to such injuries.
- The child says that she or he is being abused, or another person says they believe (or know) that abuse is occurring.
- The child has an injury for which the explanation seems inconsistent, or which has not been adequately treated.
- The child's behaviour changes either over time or quite suddenly and he or she becomes quiet and withdrawn or alternatively becomes aggressive.
- Refusal to remove clothing for normal activities or keeping covered up in warm weather.
- The child appears not to trust particular adults, a parent or coach with whom she or he would be expected to have, or once had, a close relationship.
- An inability to make close friends.
- Inappropriate sexual awareness or behaviours for the child's age.

The above points are intended to be of assistance to those who come into contact with Children/Young People. These should not be taken as a comprehensive guide, similarly the presence of one or more factors does not prove that a child has been abused. However, these factors may indicate further investigation is needed - by the appropriate trained person in conjunction with official agencies. Staff and volunteers need to be aware that Children/Young People who have suffered from abuse (e.g. sexual) may engage in similar behaviour with their peer groups.

When abuse of a child is alleged to have been carried out by another child or young person it is important that the safeguarding procedures as laid down by Leeds United are followed in respect of both the victim and the alleged juvenile perpetrator.

Staff and volunteers should be aware that the presence of an indication of abuse is not proof that abuse is actually taking place. It is not the responsibility of staff or volunteers to decide that child abuse is occurring but it is their responsibility to follow through, according to the set procedures, any concerns they may have.

3.5 Mental Health Awareness

According to the NSPCC, 'mental health is as important to a child's safety and wellbeing as their physical health. It can impact on all aspects of their life, including their educational attainment, relationships and physical wellbeing. Mental health can also change over time, to varying degrees of seriousness, and for different reasons.

45% of all Childline counselling sessions in 2018/19 related to mental or emotional health and wellbeing (NSPCC, 2019a).

Negative experiences such as abuse and neglect can adversely impact a child's mental health. Mental health issues can also sometimes lead to safeguarding and child protection issues, for example if a child's mental health begins to put them or other people at risk of harm. '

Therefore, the Club has developed a Mental Health and Wellbeing Plan that incorporates the reporting of mental health issues on to the My Concern portal, allowing the safeguarding team to assess issues as they arise.

Staff receive mental health awareness training as part of the Club's safeguarding training planner and all reports are overseen by the Head of Safeguarding.

3.6 Further Types of Abuse

Expert and professional organisations are best placed to provide up-to-date guidance and practical support on specific safeguarding issues relating to children and adults at risk. Academy staff and volunteers can access government guidance as required on the issues listed below via www.gov.uk and other government websites:

- Children missing education
- Child missing from home or care
- Drugs
- Faith abuse
- Gangs and youth violence
- Gender-based violence / violence against women and girls (VAWG)
- Hate
- Honour based violence
- Mental health
- Mate crime
- Missing children and adults
- Preventing radicalisation
- Radicalisation
- Relationship abuse
- Sexting
- Trafficking

Further information can also be found in the Leeds City Council 'one-minute guides' produced by Children's Services: One minute guides (leeds.gov.uk)

Staff and volunteers working with children are advised to maintain an attitude of 'it could happen here' where safeguarding is concerned. When concerned about the welfare of a child, staff members should always act in the best interests of the child.

3.7 PREVENT

The Government's Prevent Strategy defines extremism as:

“Vocal or active opposition to fundamental British values, including democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs. We also include in our definition of extremism calls for the death of members of our armed forces”.

Leeds United takes the Government Prevent Strategy seriously. In an effort to safeguard our participants and ensure they are able to live in circumstances consistent with the provision of safe and effective care we have taken action to enable vulnerable children to have optimum life chances. Our policy will ensure;

- Staff are aware of the Prevent strategy and the dangers of Radicalisation and Extremism.
- All staff are Prevent trained to an appropriate level (Channel online Awareness course and WRAP3).
- The promotion of these British values to our participants is embedded into our programmes.
- An environment that fosters healthy debate and secular views is encouraged.
- Staff are able and willing to challenge radical or extremist comments.

Leeds United defines British Values as values of democracy, the rule of law, individual liberty, and mutual respect and tolerance of those with different faiths and beliefs. Our policies and practice reflect the fundamental rule of inclusion and equality for all. We respect our player's opinions and value each child's uniqueness. We promote fair play and hold our Codes of Conduct in high regard to protect the sanctity and safety of our environment.

There are a number of behaviours which may indicate a child is at risk of being radicalised or exposed to extreme views. These include:

- Spending increasing time in the company of other suspected extremists.
- Changing their style of dress or personal appearance to accord with the group.
- Day-to-day behaviour becoming increasingly centred on an extremist ideology, group or cause.
- Loss of interest in other friends and activities not associated with the extremist ideology, group or cause.
- Possession of materials or symbols associated with an extremist cause.
- Attempts to recruit others to the group/cause.
- Communications with others that suggests identification with a group, cause or ideology.
- Using insulting or derogatory names for another group.
- Increase in prejudice-related incidents committed by that person – these may include:
 - Physical or verbal assault

- Provocative behaviour
- Damage to property
- Derogatory name calling
- Possession of prejudice related materials
- Prejudice related ridicule or name calling
- Inappropriate forms of address
- Refusal to co-operate
- Attempts to recruit to prejudice related organisation
- Condoning or supporting violence towards others

Should any member of staff be concerned that signs of radicalisation and extremism have been identified, then they should report this to the DSO. Where it is recognised that an individual (child or adult) is indeed at risk of radicalisation and involvement in extremist activity, a referral should be made to the local authority's Prevent team through the DSO. If as part of this identification a child or young person is put at risk (either through their own direct involvement or that of someone else e.g., parent / carer), the DSO should share their concerns with the Duty and Advice team (children's or adult safeguarding team) to discuss further.

If the referral progresses and it is assessed that there is a genuine risk of radicalisation, the case is considered by a multi-agency 'Channel Panel' of safeguarding professionals who collectively assess the risk to a person and decide on a tailored package of support that can be offered to the person to help them move away from harmful activity. The Channel panel is chaired by the local authority and includes a variety of partners such as the police, children's services, social services, education professionals and mental health care professionals.

The Leeds City Council Prevent team can be contacted at: prevent@leeds.gov.uk or 0113 535 0810.

The West Yorkshire Police Prevent team can also be contacted on 0113 241 3386

4.0 Safeguarding Adults at Risk

4.1 Legislation

There is a legal duty on Local Authorities to provide support to 'adults at risk'.

The safeguarding legislation applies to all forms of abuse that harm a person's well-being.

The law provides a framework for good practice in safeguarding that makes the overall well-being of the adult at risk a priority of any intervention.

The law in all four home nations emphasises the importance of person-centred safeguarding, (referred to as 'Making Safeguarding Personal' in England).

The law provides a framework for making decisions on behalf of adults who can't make decisions for themselves (Mental Capacity).

The law provides a framework for sports organisations to share concerns they have about adults at risk with the local authority.

The law provides a framework for all organisations to share information and cooperate to protect adults at risk.

Safeguarding Adults is compliant with United Nations directives on the rights of disabled people and commitments to the rights of older people. It is covered by:

- The Human Rights Act 1998
- The Data Protection Act 2018
- General Data Protection Regulations 2018

The practices and procedures within this policy are based on the relevant legislation and government guidance.

The statutory responsibility to safeguard adults is established by the Care Act 2014. The Act introduced legislation to protect and support people who need it most, prioritising their wellbeing, needs and goals.

Many other pieces of legislation also affect adult safeguarding.

These include legislation about different forms of abuse and those that govern information sharing. For example, legislation dealing with:

- Murder/attempted murder
- Physical Assault
- Sexual Offences
- Domestic Abuse/Coercive control
- Forced Marriage
- Female Genital Mutilation
- Theft and Fraud
- Modern slavery and Human exploitation
- Hate crime
- Harassment
- Listing and Barring of those unsuitable to work with adults with care and support needs

The Mental Capacity Act 2005 covers legislation about the circumstances in which decisions can be made on behalf of an adult who is unable to make decisions for themselves:

There are specific offences applying to the mistreatment of and sexual offences against adults who do not have Mental Capacity and specific offences where mistreatment is carried out by a person who is employed as a carer: e.g. wilful neglect and wilful mistreatment.

4.2 Definition

The term 'Adult at Risk' is now more commonly used in place of 'Vulnerable Adult', as 'Vulnerable Adult' may wrongly imply that some of the fault for the abuse lies with the victim.

The Care Act 2014 defines an adult at risk as:

- Someone over the age of 18 who has a need for care and support (whether or not those needs are being met);
- Someone who is experiencing or is at risk of neglect or abuse;

As a result of the above needs, the adult is unable to protect himself or herself against the abuse or neglect, or the risk of it.

4.3 Types of abuse

The abuse of adults at risk can take many forms, including:

Physical Abuse

This includes assault, hitting, slapping, pushing, and misuse of medication, restraint or inappropriate physical sanctions

Sexual Abuse

This includes 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 including violent acts, to which the adult has not consented or was pressured into consenting.

Psychological or Emotional Abuse

This includes threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks

Neglect or Acts of Omission

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

Financial Abuse

Financial and material abuse is a crime. It is the use of a person's property, assets, income, funds or any resources without their informed consent or authorisation. It includes 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.

Organisational Abuse

The abuse resulting from the manner in which a service is provided. It includes poor practice within an institution or specific care setting such as a hospital or care home, 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.

Domestic Abuse

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. Also including 'honour-based' violence, forced marriage and female genital mutilation.

Modern Slavery

Modern slavery encompasses slavery, human trafficking, forced labour, domestic servitude and traffickers and slave masters using whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment.

Self-Neglect

This covers a wide range of behaviour such as neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as collecting possession in large amounts.

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. This could be the harassing of a club member because they are or are perceived to be transgender.

Abuse can take place in any relationship and there are many contexts in which abuse might take place; e.g. Institutional abuse, Domestic Abuse, Forced Marriage, Human Trafficking, Modern Slavery, Sexual Exploitation, County Lines, Radicalisation, Hate Crime, Mate Crime, Cyber bullying, Scams. Some of these are named specifically within home nation legislations.

Abuse can take place within a sporting context and the person causing harm might be any other person. For example: a member of staff, a coach, a volunteer, a participant or a fan.

Some examples of abuse within sport include:

- Harassment of a participant because of their (perceived) disability or other protected characteristics.
- Not meeting the needs of the participant e.g. training without a necessary break.
- A coach intentionally striking an athlete
- One elite participant controlling another athlete with threats of withdrawal from their partnership
- An official who sends unwanted sexually explicit text messages to a participant with learning disabilities.
- A participant threatens another participant with physical harm and persistently blames them for poor performance.

Abuse or neglect outside sport could be carried out by:

- A spouse, partner or family member
- Neighbours or residents
- Friends, acquaintances or strangers
- People who deliberately exploit adults they perceive as vulnerable
- Paid staff, professionals or volunteers providing care and support

Often the perpetrator is known to the adult and may be in a position of trust and/or power.

Abuse can take place in any context and by all manner of perpetrator. Abuse may be inflicted by anyone a person comes into contact with, either within or outside of the club. There are many signs and indicators that may suggest someone is being abused or neglected, these include but are not limited to:

- Unexplained bruises or injuries – or lack of medical attention when an injury is present.
- Person has belongings or money going missing.
- 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.

4.4 Wellbeing Principle

The success of sport, in terms of helping people achieve their potential, making the most of existing talent, and attracting new people to sport relies on putting people – their safety, wellbeing and welfare – at the centre of what sport does.

Duty of Care in Sport Independent Report to Government Baroness Tanni Grey-Thompson DBE, DL.

The concept of 'well-being' is threaded throughout UK legislation and is part of the Law about how health and social care is provided. Our well-being includes our mental and physical health, our relationships, our connection with our communities and our contribution to society.

Being able to live free from abuse and neglect is a key element of well-being.

The legislation recognises that statutory agencies have sometimes acted disproportionately in the past. For example, removing an adult at risk from their own home when there were other ways of preventing harm. In the words of Justice Mumby 'What good is it making someone safe when we merely make them miserable?' *What Price Dignity? (2010)*

For that reason any actions taken to safeguard an adult must take their whole well-being into account and be proportionate to the risk of harm.

Person Centred Safeguarding/ Making Safeguarding Personal

The legislation also recognises that adults make choices that may mean that one part of our well-being suffers at the expense of another – for example we move away from friends and family to take a better job. Similarly, adults can choose to risk their personal safety; for example, to provide care to a partner with dementia who becomes abusive when they are disorientated and anxious.

None of us can make these choices for another adult. If we are supporting someone to make choices about their own safety we need to understand 'What matters' to them and what outcomes they want to achieve from any actions agencies take to help them to protect themselves.

The concept of 'Person Centred Safeguarding'/'Making Safeguarding Personal' means engaging the person in a conversation about how best to respond to their situation in a way that enhances their involvement, choice and control, as well as improving their quality of life, well-being and safety. Organisations work to support adults to achieve the outcomes they want for themselves. The adult's views, wishes, feelings and beliefs must be taken into account when decisions are made about how to support them to be safe. There may be many different ways to prevent further harm. Working with the person will mean that actions taken help them to find the solution that is right for them. Treating people with respect, enhancing their dignity and supporting their ability to make decisions also helps promote people's sense of self-worth and supports recovery from abuse.

If someone has difficulty making their views and wishes known, then they can be supported or represented by an advocate. This might be a safe family member or friend of their choice or a professional advocate (usually from a third sector organisation).

4.5 Care Act 2014

The Act's principles are:

- **Empowerment** - People being supported and encouraged to make their own decisions and informed consent.
- **Prevention** – It is better to take action before harm occurs.
- **Proportionality** – The least intrusive response appropriate to the risk presented.
- **Protection** – Support and representation for those in greatest need.
- **Partnership** – Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse
- **Accountability** – Accountability and transparency in delivering safeguarding.

4.6 Mental Capacity and Decision Making

We make many decisions every day, often without realising. UK Law assumes that all people over the age of 16 have the ability to make their own decisions, unless it has been proved that they can't. It also gives us the right to make any decision that we need to make and gives us the right to make our own decisions even if others consider them to be unwise.

We make so many decisions that it is easy to take this ability for granted. The Law says that to make a decision we need to:

- Understand information
- Remember it for long enough
- Think about the information
- Communicate our decision

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

Most adults have the ability to make their own decisions given the right support however, some adults with care and support needs have the experience of other people making decisions about them and for them.

Some people can only make simple decisions like which colour T-shirt to wear or can only make decisions if a lot of time is spent supporting them to understand the options. If someone has a disability that means they need support to understand or make a decision this must be provided. A small number of people cannot make any decisions. Being unable to make a decision is called "lacking mental capacity".

Mental capacity refers to the ability to make a decision at the time that decision is needed. A person's mental capacity can change. If it is safe/possible to wait until they are able to be involved in decision making or to make the decision themselves.

For example:

- A person with epilepsy may not be able to make a decision following a seizure.
- Someone who is anxious may not be able to make a decision at that point.
- A person may not be able to respond as quickly if they have just taken some medication that causes fatigue.

Mental Capacity is important for safeguarding for several reasons.

Not being allowed to make decisions one is capable of making is abuse. For example, a disabled adult may want to take part in an activity but their parent who is their carer won't allow them to and will not provide the support they would need. Conversely the adult may not seem to be benefiting from an activity other people are insisting they do.

Another situation is where an adult is being abused and they are scared of the consequences of going against the views of the person abusing them. It is recognised in the law as coercion and a person can be seen not to have mental capacity because they cannot make 'free and informed decisions'.

Mental Capacity must also be considered when we believe abuse or neglect might be taking place. It is important to make sure an 'adult at risk' has choices in the actions taken to safeguard them, including whether or not they want other people informed about what has happened, however, in some situations the adult may not have the mental capacity to understand the choice or to tell you their views.

Legislation describes when and how we can make decisions for people who are unable to make decisions for themselves. The principles are the same.

- We can only make decisions for other people if they cannot do that for themselves at the time the decision is needed.
- If the decision can wait, wait – e.g. to get help to help the person make their decision or until they can make it themselves.
- If we have to make a decision for someone else then we must make the decision in their best interests (for their benefit) and take into account what we know about their preferences and wishes.
- If the action we are taking to keep people safe will restrict them then we must think of the way to do that which restricts to their freedom and rights as little as possible.

Many potential difficulties with making decisions can be overcome with preparation. A person needing support to help them make decisions whilst taking part in a sports organisation will ordinarily be accompanied by someone e.g. a family member or formal carer whose role includes supporting them to make decisions.

It is good practice to get as much information about the person as possible. Some people with care and support needs will have a 'One page profile' or a 'This is me' document that describes important things about them. Some of those things will be about how to support the person, their routines, food and drink choices etc. but will also include things they like and don't like doing. It's also important to have an agreement with the person who has enrolled

the adult in the sports activity about how different types of decisions will be made on a day to day basis.

If a person who has a lot of difficulty making their own decisions is thought to be being abused or neglected you will need to refer the situation to the Local Authority, and this should result in health or social care professionals making an assessment of mental capacity and/or getting the person the support they need to make decisions.

There may be times when a sporting organisation needs to make decisions on behalf of an individual in an emergency. Decisions taken in order to safeguard an adult who cannot make the decision for themselves could include:

- Sharing information about safeguarding concerns with people that can help protect them.
- Stopping them being in contact with the person causing harm.

5.0 General information

5.1 Responsibilities and accountabilities

All members of Leeds United staff and volunteers share in the responsibility for the protection of children / Young People and Adults at Risk. All staff and volunteers must know who the Designated Safeguarding Officer is and what they are required to do if they detect any cause for concern, or if they suspect that abuse is taking place.

All staff and volunteers must:

- Be familiar with the safeguarding policy and procedure;
- Be familiar with, and follow the operational procedures and protocols for safeguarding children / young people and adults at risk; and
- Know who to contact and how to raise concerns. Any causes for concern should be reported to the Designated Safeguarding Officer, who will be appropriately trained to work within the LSCP and LASB procedures.

All participants will have access to an independent person for advice and will be informed about national and local telephone helpline numbers.

5.2 Governance structure

5.2.1 Senior Safeguarding Manager (SSM)

A SSM will be appointed from the Board and have designated responsibility for Safeguarding at a strategic level. Any concerns raised will be brought to the attention of the SSM through regular meetings and as a matter of urgency when the concerns are serious. The DSO and relevant senior staff will be notified of the appointment and given direct access to the SSM to report any concerns.

SSMs will be required to undertake safeguarding training appropriate to their role a minimum of every two years and receive at least annual updates on developments in the field.

SSMs are required to be responsible for:

- Supporting staff, including the DSO, who make their own referrals;
- Liaising with the case manager/LADO regarding allegations.

The Senior Safeguarding Manager is the CEO - Angus Kinnear

5.2.2 Head of Safeguarding

To provide effective Club-wide strategic leadership and management with a clear sense of direction and purpose that assists the Club to develop and deliver its safeguarding strategy,

vision, values, priorities, policies and aims to promote and protect the welfare of vulnerable groups.

The Club Head of Safeguarding will have the overall responsibility for safeguarding within the club, Foundation, Academy, match day and Women sections. In addition to specific safeguarding duties for LUFC, this will include:

- a) Ensure Club compliance with statutory obligations under relevant legislation and the Premier League's safeguarding Rules by providing robust and evaluative evidence.
- b) Work closely with and report on a regular basis to the Club senior management lead for safeguarding.
- c) Work closely with HR and heads of departments to develop and implement safer recruitment and induction practices across the organisation.
- d) Continuously work to maintain, embed and improve the Club's safeguarding provision ensuring the highest standards for safeguarding vulnerable groups.
- e) Manage the development, implementation, promotion and review of the Club's safeguarding vulnerable group policies, practices and good practice guidelines.
- f) Named lead member of staff to manage safeguarding incidents, concerns and allegations.
- g) To support the DSO in carrying out their role.

The Head of Safeguarding is Helen Evans:

Email: helen.evans@leedsunited.com

Phone: 07425 640576

5.2.3 Designated Safeguarding Officer (DSO)

The DSO will provide a lead for safeguarding within the club departments, Foundation, Academy, Women, and match day teams. The DSO is responsible for ensuring that the Club has in place safeguarding policies as well as procedures that outline the process for reporting concerns, allegations or disclosures regarding the welfare of a Child/Young Person or Adult at Risk.

In carrying out the Safeguarding Policy and Procedures the Designated Safeguarding Officer will: -

- a) Ensure all of The Leeds United employees and volunteers who are in regular unsupervised contact with Children/Young People and Adults at Risk have been satisfactorily screened through the DBS process.
- b) Ensure that all staff and volunteers attached to Leeds United are aware of and trained in the relevant Safeguarding Policy and Procedures.

- c) Keep and monitor effective records relating to the Safeguarding Policy and Procedure, reporting these to the Head of Safeguarding;
- d) Be prepared to amend bad practice.
- e) Receive, seek advice, and take appropriate action by referral where necessary on any complaints received.
- f) Ensure the confidentiality of the child, young person or adult at risk at all times.
- g) Liaise with the appropriate agencies and organisations, including Leeds Children/Young People's Social Care and Adult Social Care and the Football League on all referrals.
- h) Provide support to any Children/Young People, Adults at Risk, parents, guardians, staff or volunteers where necessary in relation to the Safeguarding Policy and Procedure.
- i) Permit appropriate access to records by the Leeds Children's' or Adult Social Care, The F.A. Premier League, the Football League and any other authorised agencies.

The DSO should be contacted in the first instance, should a safeguarding concern be raised by a member of the staff or public.

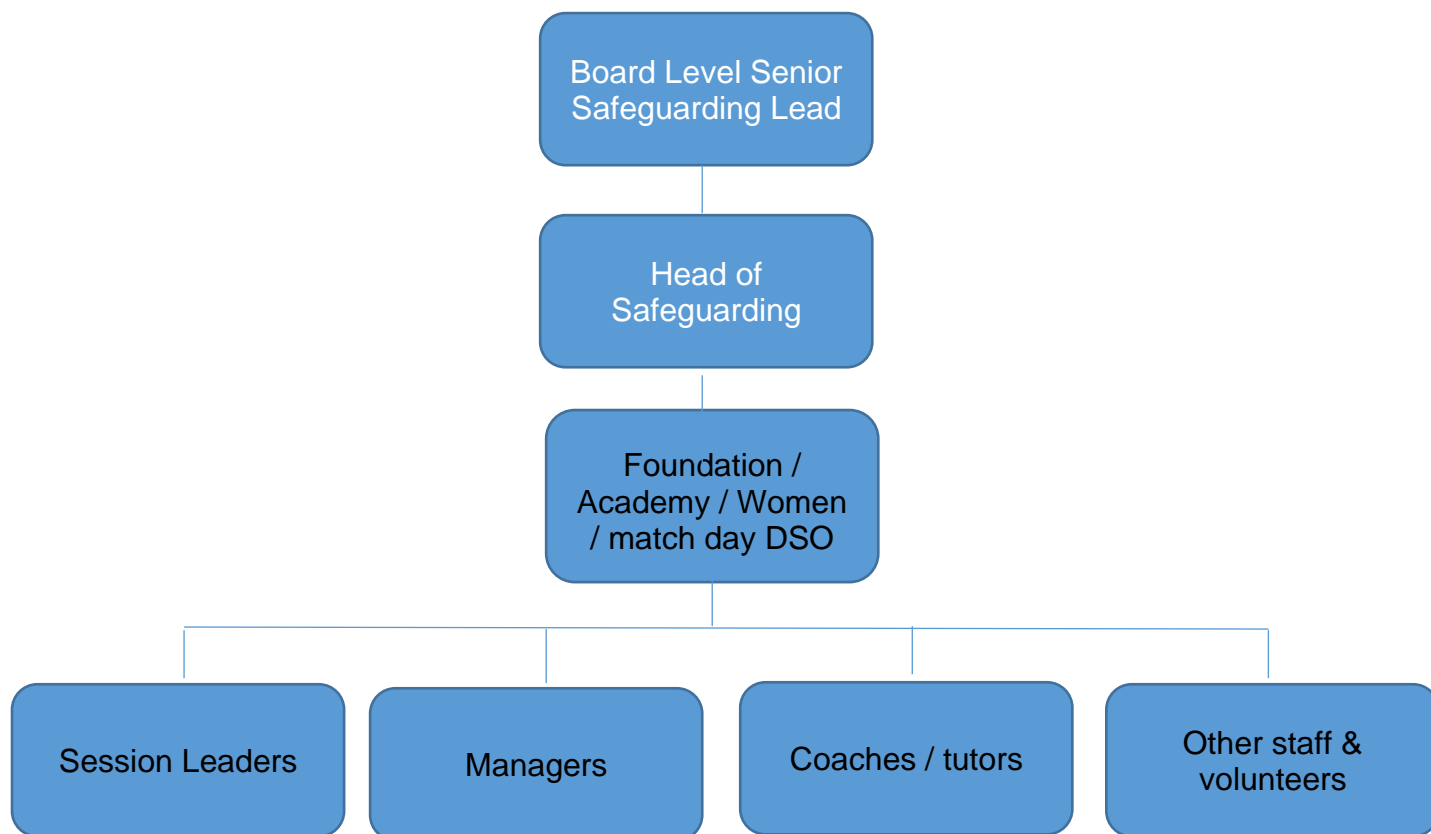
5.2.4 Head Coaches, Managers, Tutors and Session Leaders

Head Coaches, Managers and Session Leaders are responsible for ensuring their staff and volunteers are aware of, and abide by, the safeguarding policy and procedures. They will identify training needs and provide support and guidance.

They will ensure that where they and their staff work directly with children, young people and adults at risk, they will have a sound working knowledge of relevant legislation and guidance.

Each Head coach, manager or leader of a session will act as the first point of contact should there be a safeguarding concern, providing support and guidance to the member of staff or public who raised the concern in contacting the DSO and ensuring the correct procedure is adhered to.

The lines of accountability are shown below:



5.3 Information sharing

Advice from the LSCP and CPSU underlines that effective joint working can be undermined by poor communication and several Serious Case Reviews have highlighted poor information sharing as a factor. For this reason, Working Together 2018 is absolutely clear that “Fears about sharing information cannot be allowed to stand in the way of the need to promote the welfare and protect the safety of children.” To keep children safe, information needs to be shared appropriately so that decisions can be made to protect them.

However, clear boundaries around information sharing are important to maintain confidentiality where appropriate and to ensure that only those who need the information are made aware of it.

Whereas all staff should be aware of the Data Protection Act 1998, GDPR and the club’s Data Protection Policy, further considerations need to be made when considering safeguarding.

5.3.1 What information to share

Whenever Leeds United receives information that raises concerns about a child or children, decisions need to be made about information sharing. Advice from the CPSU confirms this could include:

- concerns about a child received within or outside the sport;
- concerns about a person in a position of trust, such as a coach – this could include information on a Disclosure & Barring Service (DBS) check;
- concerns about a member of the club;
- concerns about a delivery environment, such as an event location or hosting arrangements

It is important that safeguarding information is shared in an appropriate and timely fashion. **In the event of a safeguarding concern, a member of staff should discuss it with the DSO in the first instance to establish the need to share information when there are concerns about a person.**

It is important that safeguarding information is shared in an appropriate and timely fashion. **In the event of a safeguarding concern, a member of staff should discuss it with the DSO in the first instance to establish the need to share information when there are concerns about a person.**

The Government guidance: 'Information sharing Advice for practitioners providing safeguarding services to children, young people, parents and carers - July 2018', describes the '7 Golden Rules' of information sharing:

1. **All children have a right to be protected from abuse and neglect. Protecting a child from such harm takes priority over protecting their privacy, or the privacy rights of the person(s) failing to protect them.** The UK General Data Protection Regulation (UK GDPR) and the Data Protection Act 2018 (DPA) provide a framework¹ to support information sharing where practitioners have reason to believe failure to share information may result in the child being at risk of harm.
2. **When you have a safeguarding concern, wherever it is practicable and safe to do so, engage with the child and/or their carer(s), and explain who you intend to share information with, what information you will be sharing and why.** You are not required to inform them, if you have reason to believe that doing so may put the child at increased risk of harm (e.g., because their carer(s) may harm the child, or react violently to anyone seeking to intervene, or because the child might withhold information or withdraw from services).
3. **You do not need consent to share personal information about a child and/or members of their family if a child is at risk or there is a perceived risk of harm.** You need a lawful basis to share information under data protection law, but when you intend to share information as part of action to safeguard a child at possible risk of harm, consent may not be an appropriate basis for sharing. It is good practice to ensure transparency about your decisions and seek to work cooperatively with a child and their carer(s) wherever possible. This means you should consider any objection the child or their carers may have to proposed information sharing, but you should consider

overriding their objections if you believe sharing the information is necessary to protect the child from harm.

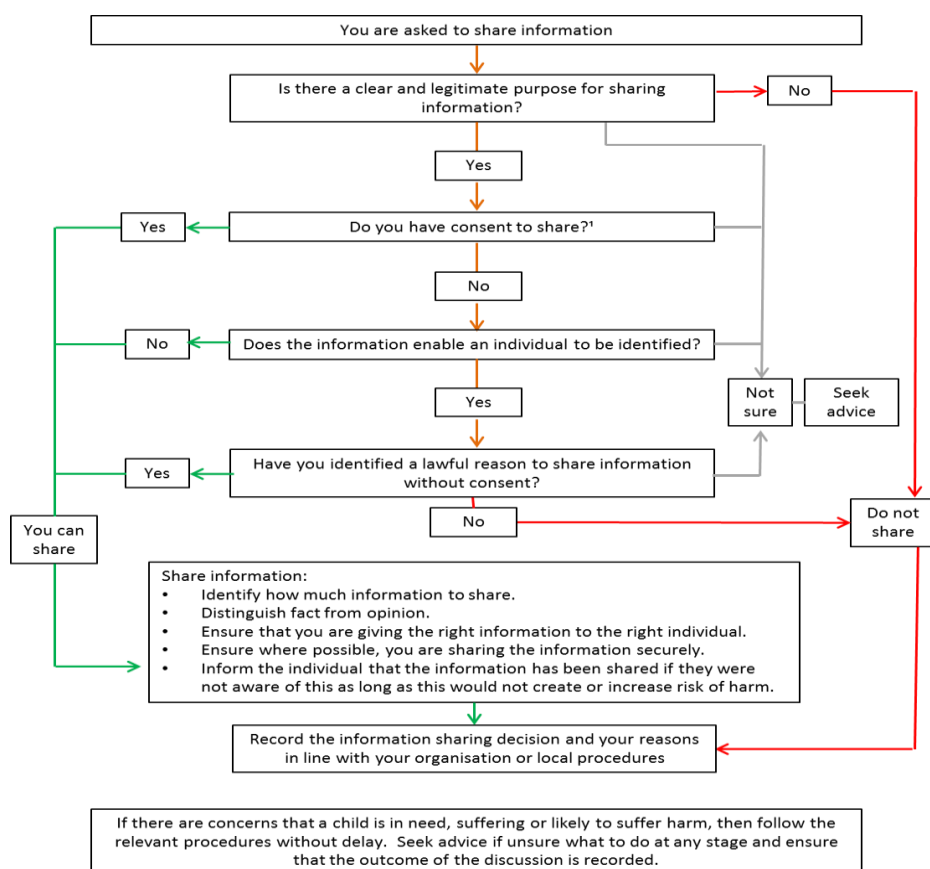
4. **Seek advice promptly whenever you are uncertain or do not fully understand how the legal framework supports information sharing in a particular case.** Do not leave a child at risk of harm because you have concerns you might be criticised for sharing information. Instead, find out who in your organisation/agency can provide advice about what information to share and with whom. This may be your manager/supervisor, the designated safeguarding children professional, the data protection/information governance lead (e.g., Data Protection Officer⁵), Caldicott Guardian, or relevant policy or legal team. If you work for a small charity or voluntary organisation, follow the NSPCC's safeguarding guidance.
5. **When sharing information, ensure you and the person or agency/organisation that receives the information take steps to protect the identities of any individuals (e.g., the child, a carer, a neighbour, or a colleague) who might suffer harm if their details became known to an abuser or one of their associates.**
6. **Only share relevant and accurate information with individuals or agencies/organisations that have a role in safeguarding the child and/or providing their family with support, and only share the information they need to support the provision of their services.** Sharing information with a third party rarely requires you to share an entire record or case-file – you must only share information that is necessary, proportionate for the intended purpose, relevant, adequate and accurate.
7. **Record the reasons for your information sharing decision, irrespective of whether or not you decide to share information.** When another practitioner or organisation requests information from you, and you decide not to share it, be prepared to explain why you chose not to do so. Be willing to reconsider your decision if the requestor shares new information that might cause you to regard information you hold in a new light. When recording any decision, clearly set out the rationale and be prepared to explain your reasons if you are asked

5.3.2 Who to share information with

Part of the decision-making process will include consideration about who to share information with. This could include:

- Statutory organisations – the Police and/or Children's Services must be informed about child protection concerns; Designated Officers should be consulted where there are concerns about someone in a position of trust.
- Disclosure & Barring Service – must be informed of any concerns about someone in regulated activity who is suspended or expelled from the organisation.
- Other clubs and other sports organisations, including the parent club – informing other organisations need to be considered according to the principles below in order that they can safeguard children in their care who may be at risk of harm.
- Individuals within the organisation – this will be decided on the basis of who needs to know what information in order to keep children safe according to the principles below.

5.3.3 Flowchart of when and how to share information



Courtesy Leeds LSCP

5.4 Confidentiality

Participants may trust a staff member / volunteer with issues of a personal nature. Whenever possible their confidences should be respected. Examples of this may be personal difficulties at school/college, relationships, or home. However, Staff and volunteers must be alert to the information in 4.3 where there is immediate danger or concern or they need to respond to a disclosure, and therefore must not make promises on confidentiality that they may be unable to keep.

Programmes such as NCS or school delivery provide opportunities for young people to develop trusting relationships with other young people and with staff / volunteers. Young people may communicate information (of a personal but non-abuse or poor practice nature) that is difficult for the staff member to deal with, without further advice / support. In this case the staff member should seek the consent of the participant in order to try to support them to access appropriate advice or guidance. For example, this may include; information on access for further education opportunities, independent living or the benefits system.

5.5 Retention and storage of data

Confidential records should be sent to the club DSO via MyConcern. The Club DSO will retain the confidential records in a safe/secure setting (MyConcern) in case they may be required for further investigation, including Strategy Meetings or prosecution, at a later date. Data must be kept in line with GDPR, NSPCC and NCS Trust Guidance.

Current guidance advises:

- Records should be kept 7 years following the last contact with a child
- If concerns have been raised about an adult's behaviour around children, the records should be kept in their personnel file either until they reach the age of 65 or for 10 years - whichever is longer (IRMS, 2016). This applies to volunteers and paid staff.
- Records should be kept same amount of time regardless of whether the allegations were unfounded. However, if it is found that allegations are malicious the record should be destroyed immediately.

6.0 Procedure

6.1 Responding to and reporting concerns

Staff and volunteers may become aware of abuse in a variety of ways including: -

- You may have a suspicion.
- A third party may have a suspicion or report an incident to you.
- Gossip particularly by the peer groups or other parents.
- The participant may tell you.

Staff and volunteers, who become aware of abuse, or allegation of abuse, must carry through the procedures as laid down in this policy. If any member of staff is concerned that poor practice or abuse may be occurring, they must refer the matter immediately to the DSO.

The DSO will discuss the concern with you to form a view about whether the concern should be raised as a safeguarding concern. The role of the DSO is to help staff clarify the cause for concern. As part of the discussion, as well as considering which type of abuse your concerns are about, the following questions may be useful:

- Has the child, young person or adult at risk been harmed?
- Are you clear about the immediate cause for concern?
- Why do you suspect abuse or neglect? What have you seen or been told?
- To what extent does the person appear to be at risk of abuse or neglect?

If you suspect a crime has been committed then you should be aware of the need to preserve evidence e.g. not touching or moving anything.

The DSO will support you in making a record of your information and will help you to decide how to progress with it. If it is decided that the concern needs to be passed on, the DSO will do so by phoning either the Adult Social Care or Children's Social Care Contact Centre public line.

All safeguarding referrals should be made through 'My Concern'. All staff are given a login to My Concern when they commence employment.

My Concern can be accessed through:

[The Safeguarding Company - Apps - The Safeguarding Company Portal](#)

If your concern is not related to safeguarding, the DSO will not raise a safeguarding concern. There may, however, be other appropriate action or signposting which may be helpful, including ringing the Leeds city Council Contact Centre for advice or looking at disciplinary or procedural measures.

Whether you raise a safeguarding concern or not, it should be recorded. Conversations with the child, young person or adult at risk **MUST** be recorded and eventually written up on the Safeguarding Referral Form.

All information relating to alleged abuse must be dealt with on the basis that the information will be shared only with the people who need to or must know. The complainant should be made aware of the basis on which information will be shared.

In the event of the DSO referring an issue to the Social Services Community Team or the Emergency Duty Team, Leeds United must provide a report to the Football Association and inform The Leeds United Board via the Club Safeguarding Manager.

If the DSO is unavailable for any reason, all matters should be dealt with by nominated person in each team and the Head of Safeguarding.

6.1.1 If a member of staff is suspected

Full detail on reporting staff allegations is held in the Managing Allegations Against Staff Policy

6.2 Contact Numbers

If in doubt about whether to make a referral, **CONSULT**, and consult early, with those who have the statutory responsibility, the knowledge and the expertise. If the DSO, Head of Safeguarding or CEO are unavailable:

For further advice, consult the **FA/NSPCC Child Protection Helpline:**
0808 800 5000.

EFL Safeguarding:
01772 325490

If the child / young person or adult at risk is in **immediate danger**, and you require the police or an ambulance call:

999 or 101

To raise a concern:

0113 222 4401 Adults at Risk

(Out of hours emergency: 07712 106 378)

0113 222 4403 Children / Young People

(Out of hours emergency: 101)

0113 376 0336 Duty and Advice Line for professionals working with children

6.3 Recording

Staff may become aware of abuse in a variety of ways including:

- You may have a suspicion.
- A third party may have a suspicion or report an incident to you.
- Gossip particularly by the peer groups or other parents.
- The child or adult at risk may tell you.

If an incident or allegation is brought to the attention of staff or volunteers you should:

- Reassure the child/young person or adult at risk. Do not panic – stay calm.
- Do not ignore because of other factors at that moment in time, what the child or adult at risk is telling you.
- Listen to what the child says and show that you take seriously what is being said.
- Allow only one adult to talk to the child and record the information provided.
- Enlist the help of another adult as a witness. Involve the person with the legal responsibility for the child as soon as possible.

Staff, who become aware of abuse, or allegation of abuse, must carry through the procedures as laid down in this Safeguarding Policy and Procedure and report the concern to the DSO who will support you in making a record of the incident and help you decide how to progress with it.

When reporting a concern you have about a child, young person, or adult at risk, it is useful if you have the following information. If you do not have this information, then you should still let the DSO know about your concern, as it may provide additional information to an already emerging picture. You should not be tempted to investigate the concerns. That is the role of safeguarding professionals. It is better to take the approach “if in doubt, report it”. The DSO, they will pass the information on as appropriate.

- Date, time and location of the alleged incident and/or disclosure of the concern;
- Details of exactly what you have been told (if you can, you should record the person’s own words) and/or exactly what you have witnessed;
- The appearance and behaviour of the child, young person or adult at risk and any injuries they may have sustained as a result of the alleged incident.

All concerns should be logged on MyConcern as soon as is possible. Once you have raised your concern with the DSO, you may be asked to provide additional information or to clarify your concerns, either by them or by the appropriate professional who responds to the concern.

Guidance on the retention and storage of safeguarding records can be found here;

[Child protection records retention and storage | CPSU \(thecpsu.org.uk\)](https://www.thecpsu.org.uk/child-protection-records-retention-and-storage)

6.4 Codes of conduct

Codes of conduct are applicable to all staff, volunteers, participants and their parents or carers. These will be agreed before commencing work for the club. The codes of conduct will ensure that everybody involved in the activities of Leeds United are aware:

- What behaviour is acceptable and unacceptable;
- The standards of practise expected when working on behalf Leeds United
- What the basis is for challenging and improving practise.

Where practicable, the Codes of Conduct should be discussed and agreed prior to an activity or period of employment commencing.

6.5 Staff (paid and volunteer)

6.5.1 Safer recruitment incl. DBS

Leeds United operates a safer recruitment policy which insists that all staff working on regulated activity have (and keep up to date) the FA Safeguarding Children qualification alongside a current DBS. (within 3 years)

A DBS check is normally done for new staff, according to their role.

This is recorded on a Safer Recruitment Portal kept up to date by the DSO. Should a DBS check show a criminal record, then the Head of Safeguarding and line manager will risk assess as to whether the potential member of staff should be employed. This decision will be recorded and kept with the staff member's record.

Staff safeguarding responsibilities are included in their job descriptions.

6.5.2 Supervision, Support and Training

Safeguarding is an important part of the induction for new members of staff, including Board Members. This covers an introduction to the Policy and Procedure.

All staff will have completed the FA Safeguarding Children qualification on commencement of their contract and have an agreed DBS certificate

Compulsory training will be provided for all staff and volunteers on an annual basis, regarding the safeguarding Policy and Procedures, with emphasis on good practice, and the recognition of abuse on an annual basis. Details of this training are in the Safeguarding Workforce Development Plan.

Further training needs will be identified through appraisals and ongoing mentoring.

Safeguarding will be a regular item on team meeting agendas.

The safeguarding Policy and Procedure will be available on the club website and as such, available to staff and participants and their parents / carers.

6.5.3 Professional Boundaries

Professional boundaries are an essential part of our work. How we present ourselves, our interaction with others and our general conduct are highly significant when working directly with children, young people, and adults at risk. Our personal presentation and professional conduct reduces the risk of allegations and keeps our participants safe from harm.

Safeguarding participants, and protecting yourself from the risk of allegation, is a key professional priority. Personal and professional boundary-setting should be considered through all interaction and interventions within the club. These boundaries shape our relationships with children, young people, adults at risk and professional colleagues.

Our participants come from a range of backgrounds. They may have experienced differing and complex home lives, varying styles of parenting, and often differing, and sometimes-confused social expectations, norms, and inconsistent boundary-setting. This inevitably brings professional challenges.

Establishing boundaries does not mean that relationships with participants should be cold and detached. Staff can and should offer support and build professional relationships with participants and sometimes their families, without placing the participant or staff member at risk.

Sometimes it is not always possible to identify when a boundary has been broken, so if you are unsure, seek the advice of a manager or the DSO.

Examples of boundaries being broken can include: Giving lifts to young people, answering phone calls out of hours, working alone, and meeting young people out of the programme times are just some examples where guidance of a manager should be sought.

Members of staff should develop an appropriate working relationship with participants, based on mutual trust and respect to ensure:

1. A participant focus – are their needs at the centre of decisions?
2. No self-disclosure – your personal life should not be disclosed to participants
3. No dual relationships – a participant cannot also be a family member, friend or receive additional support over and above the programme
4. You understand your role – there may be times that you need to refer to other professionals to give a participant the support they need, such as social care, the local authority, or police
5. You look after yourself – sometimes the role can be stressful or emotional and your own health is paramount to allow you to preform your role

If in doubt – ask your manager for support if you need it

6.6 Working with Partners

Service level Agreements (SLA) are in place for all the projects Leeds United deliver e.g. after school sessions.

Where a project is to be delivered on a school premises the school's own safeguarding policy must be followed. This would also apply if using other premises, such as Leeds City Council or University owned.

Should a concern be made in respect of a member of staff then the Leeds United Safeguarding Policy and Procedure must be followed.

In the event of a disagreement, the Leeds United Safeguarding Policy and Procedure must be followed and will take primacy in the event of a difference of opinion on how the concern should be managed. Wording to this effect must be included on all SLA's.

6.7 Links to Other organisational Procedures

The Safeguarding Policy and Procedure is developed in conjunction with wider club policies via meetings held with other departments quarterly. The Safeguarding Policy and Procedure must therefore be read in conjunction with other policies and procedures within the organisation – these include:

- Foundation / Academy / Match day Safeguarding Policies and Procedures
- Health & Safety Policy
- Equality Policy
- Data protection Policy
- Disciplinary Policy
- Safer Recruitment Policy
- Complaint policy
- Whistleblowing Policy
- Anti-Bullying Policy
- Mental Health & Wellbeing Policy
- Social Media Policy
- Safeguarding Complaint Policy
- Managing Allegations Against Staff Policy

Appendix A Useful Contacts

FA/NSPCC Child Protection Helpline:

0808 800 5000.

If the child / young person or adult at risk is in **immediate danger**, immediately call:

999 or 101

To raise a concern:

0113 222 4401 Adults at Risk (and to raise a concern about adults working with adults at risk)

(Out of hours: 07712 106 378)

0113 222 4403 Children / Young People

(Out of hours: 101)

Local Authority Designated Officer:

to raise a concern about adults working with children:

LADO@leeds.gov.uk

Child Protection in Sport Unit:

<https://thecpsu.org.uk/>

The FA Policy on Safeguarding:

<http://www.thefa.com/football-rules-governance/safeguarding/policy-downloads>

Premier League safeguarding:

safeguarding@premierleague.com

EFL safeguarding:

safeguarding@EFL.com

FA Safeguarding Team:

0800 169 1863

Safeguarding@TheFA.com

WRCFA Safeguarding Support and Advice:

<http://www.westridingfa.com/welfare>

Guidance on the retention and storage of safeguarding records:

<https://thecpsu.org.uk/resource-library/2013/guidance-on-child-protection-records-retention-and-storage/>

Safeguarding Adults Board:

www.leedssafeguardingadults.org.uk

Leeds Safeguarding Children Partnership:

www.leedsscp.org.uk

Modern slavery / Human Trafficking Concern:

08000 121 700

PREVENT:

prevent@leeds.gov.uk.

Information sharing:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/419628/Information_sharing_advice_safeguarding_practitioners.pdf

Safer Leeds (Domestic Violence)

Aiming to ensure people affected by domestic violence are safe and feel safe.

www.leeds.gov.uk/domesticviolence

Female Genital Mutilation:

<https://www.leedsLSCP.org.uk/Practitioners/FGM>

Leeds Domestic Violence Service:

24-hour helpline for support, information, and referrals

0113 246 0401

Karma Nirvana:

Helpline for forced marriages and honour-based violence UK

0800 5999 247

Anti-Social Behaviour Contact Centre

Access point for support in relation to anti-social behaviour.

0113 222 4402

www.leeds.gov.uk

The Forced Marriage Unit

Part of the Foreign and Commonwealth Office, provides a wealth of information, multi-agency practice guidelines and an advice line for victims, their friends, relatives, and professionals.

Tel: 0207 008 0151

www.fco.gov.uk/forcedmarriage

The Ann Craft Trust

Safeguarding Adults

0115 951 5400 |

Email ann-craft-trust@nottingham.ac.uk

Web <http://www.anncrafttrust.org/safeguarding-adults-sport-activity/>