



CHESTERFIELD FOOTBALL CLUB

TRUST

IN THE CLUB

Chesterfield FC Community Trust
Safeguarding Policy
2024/25 v1.1



Safeguarding Policy

Introduction

Chesterfield FC Community Trust (CFCCT) places great importance on Safeguarding and we believe that everyone has the right to participate in the Activities we fund and offer in a safe and inclusive environment.

All staff working directly with Children, Young People or Vulnerable Adults will have a current Enhanced DBS

This Policy is split into five sections:

- Section 1 sets out our approach and commitment to Safeguarding across all areas of our work.
- Section 2 sets out standards of behaviour and practice our Staff and Partners are required to adhere to.
- Section 3 sets out abuse and other harms that impact on the safety, welfare and wellbeing of Children.
- Section 4 sets out abuse and other harms that impact on the safety, welfare and wellbeing of Adults at Risk.
- Section 5 sets out the action to be taken by Staff and Partners when dealing with a disclosure, concern, alleged or suspected abuse.

If any policies, procedures or regulations conflict, the safety and welfare of Children and Adults at Risk always take precedence.

Definitions

Activity / Activities

Activity or Activities means any face-to-face/ in person or online activity or series of activities, funded or arranged by or in the name of CFCCT for or to be attended by Children and/or Adults at Risk

Adult at Risk

Adult at Risk means any person aged eighteen or over who has needs for care and support (whether or not the local authority is meeting any of those needs) and is experiencing, or at risk of, abuse or neglect and as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect. This may include people with learning disabilities, sensory impairments, mental health needs, older people and people with a physical disability or impairment. It may also include people who are affected by the circumstances that they are living in, for example, experiencing domestic abuse. An individual's level of vulnerability to harm may vary over time depending on the circumstances they are in and their needs at that time.

Child / Children

Child and Children is defined by The United Nations Convention on the Rights of the Child as any person or persons who have not yet reached their eighteenth birthday. While we recognise the importance of and use the term 'children and young people' in practice, it is essential to understand the definition of a Child in the context of Safeguarding and this Policy.

Partners

Partners means any person or organisation whose contractual agreement requires them to comply with the CFCCT Safeguarding Policy

Safeguarding

Children

Safeguarding Children is the action that is taken to promote the welfare of Children and protect them from harm.

This means:

- Protecting Children from abuse and maltreatment;
- Preventing harm to their mental and physical health or development;
- Ensuring they grow up with the provision of safe and effective care; and
- Taking action to enable all Children to have the best outcomes.

Adults at Risk

Safeguarding Adults at Risk means protecting an adult's right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult's wellbeing is promoted. Abuse of adult's links to the circumstances rather than the characteristics of the people experiencing the harm.

An individual's level of vulnerability to harm may vary over time depending on the circumstances they are in and their needs at that time. Labelling groups of people (such as people with learning disabilities or older people) as inherently 'vulnerable' is seen to be disempowering. Instead, the Care Act describes adults potentially 'at risk' from harm or abuse.



Section 1

Our Approach and Commitment to Safeguarding

We strive to provide an enjoyable experience and to create inclusive and welcoming environments where Children and Adults at Risk are safe, valued and respected by:

- Taking all reasonable steps to create an environment where it is as difficult as possible for any form of abuse, exploitation or mistreatment of Children and Adults at Risk to take place in both face-to-face/in person and online environments.
- Embedding a holistic approach to Safeguarding and promoting the welfare and wellbeing of Children and Adults at Risk.
- Ensuring that Safeguarding responsibilities and procedures for raising concerns are widely understood and embedded in our values and practice.
- Raising awareness and empowering everyone we engage with to create safe environments, to identify and respond appropriately to Safeguarding concerns.
- Empowering Children and Adults at Risk, parents and carers, to understand their rights and where they can get help or advice if they need it.
- Embedding Safeguarding in the planning, delivery and review of all our Activities.
- Working in partnership with stakeholders to continuously strengthen our Safeguarding arrangements.

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Core Principles

The following principles underpin our approach to Safeguarding:

- Safeguarding is everyone's responsibility.
- Everyone has the right to protection from abuse, neglect, exploitation and mistreatment in any form.
- Prevention, awareness and empowerment are core elements of effective Safeguarding arrangements.
- Working together underpins the work undertaken to effectively safeguard Children and Adults at Risk.

Our Safeguarding Staff

While Safeguarding is everyone's responsibility, our Safeguarding staff hold specific strategic and operational responsibilities for Safeguarding for example, but not limited to:

- Raising Safeguarding awareness and promoting safer working practices that create inclusive and welcoming environments where everyone is safe, valued and respected.
- Supporting and guiding Staff and Partners on Safeguarding matters.
- Identifying current and emerging Safeguarding risks and vulnerabilities and effective mitigation measures.
- Supporting delivery of safer recruitment and procurement policies and procedures.
- Leading the response on reported Safeguarding concerns and allegations.
- Leading on regular reviews of our Safeguarding policies, practices and awareness raising measures ensuring they remain effective.
- Ensuring that the Safeguarding Board receives regular updates on reported Safeguarding concerns and allegations as well as progress against key areas of work.

Section 2

Standards of practice and behaviour for Staff and Partners

Staff and Partners must adhere to the standards of practice and behaviour set out in this section and any safeguarding protocol or guidance issued from time to time in relation to specific Activities they are involved with.

This Policy does not provide an exhaustive list of expected and prohibited behaviours. Where no policy of guidance exists, Staff and Partners are expected to always act in the best interests of Children and Adults at Risk and ensure that their safety, welfare and wellbeing is a primary consideration. The expectations set out in this section aim to:

- Provide a framework of expected standards of practice and behaviour that contribute to a safe and inclusive environment and culture.
- Support Staff and Partners with fulfilling their responsibilities to keep Children and Adults at Risk safe from potential harm in both face-to-face/in person and online environments.
- Support Staff and Partners with fulfilling their responsibilities to promote the welfare and wellbeing of Children and Adults at Risk.
- Reduce the possibility of unfounded allegations being made against Staff and Partners.

Staff and Partners are expected to:

- Ensure that the safety, welfare of and wellbeing of Children and Adults at Risk underpins their behaviour and actions.
- Avoid favouritism and treat Children and Adults at Risk equally, without prejudice or discrimination.
- Ensure that the same professional standards are applied regardless of ethnic origin, colour, nationality, race, religion or belief, gender identity, sexual orientation, age or disability.
- Maintain professional boundaries by ensuring that all contact, interactions, and communications (face-to-face/in person and online) with Children and Adults at Risk take place in line with this Policy.
- Adhere to our position on relationships of trust.
- Foster a culture where everyone feels comfortable to raise concerns about inappropriate attitudes or behaviour towards Children or Adults at Risk.
- Promote an environment where poor practice is challenged, and low-level concerns are reported.
- Attend regular safeguarding training delivered by CFCCT as and when required.
- Ensure that any safeguarding concerns, alleged or suspected abuse is taken seriously and acted on in line with this Policy and training delivered by CFCCT
- Be aware that breaches of the law or this Policy may result in criminal and/or disciplinary action being taken against them.

Staff and Partners must never:

- Abuse, harm or exploit Children and Adults at Risk or neglect their basic needs.
- Use their position or influence to form or promote inappropriate relationships with the Children and Adults at Risk they work with.
- Use their position to gain access to information relating to Children and Adults at Risk for their own or others' advantage. Such information should only be used or shared to protect Children and Adults at Risk and to meet their needs.
- Carry out their duties whilst under the influence of alcohol, solvents or drugs.
- Use any type of physical punishment in order to discipline Children or Adults at Risk.

- Engage in any sexual or related activities, or have discussions about such activities, in the presence of Children and Adults at Risk, except in a clear educational context and with the knowledge and agreement of CFCCT.
- Take, display or distribute photographs or video footage of Children and Adults at Risk without the knowledge and agreement of CFCCT.
- Take, share or publish on the internet or social media accounts photographs or video footage of Children and Adults at Risk without the knowledge and agreement of CFCCT.
- Use CFCCT equipment to access pornography or access pornography on personal devices when on duty.
- Access, make or distribute illegal or indecent content or images of Children or Adults at Risk.

Safer Recruitment

Staff are expected to share our commitment to implementing effective safer recruitment procedures by:

- Adhering to CFCCT Safeguarding and Safer Recruitment policies and procedures.
- Ensuring that no person is permitted to work with or have access to Children and/or Adults at Risk before:
 - (i) suitability checks have been undertaken by CFCCT Senior Leadership Team.
 - (ii) they have completed The FA Safeguarding Children course; and
 - (iii) they have attended CFCCT new starter Induction or other approved training if appropriate to their role.

Activity Planning and Delivery

We believe that the safety, welfare and enjoyment of Children and Adults at Risk should always be a primary consideration during the planning, delivery and review of all our Activities.

Working together is an underpinning principle of safeguarding. Staff and Partners must engage with a member of the CFCCT Safeguarding Board at the early planning stages of all Activities to ensure that safeguarding risks specific to each Activity are fully considered and appropriately managed prior to delivery.

The notice period required by the Safeguarding Board to embed effective safeguards varies between Activities. As a general guide, at least six weeks' notice is required for events. Additional lead time may be required from time to time.

Staff and Partners are expected to:

- Ensure that no Activities are delivered without the prior knowledge and agreement of a member of the CFCCT Safeguarding Board.
- Work with a member of the CFCCT Safeguarding Board / Designated Safeguarding Lead (DSL) from the outset when planning any Activity allowing sufficient time to embed effective safeguarding arrangements prior to delivery.
- Engage with CFCCT Senior Leadership Team or DSL prior to processing personal data. This includes but is not limited to the taking and use of images, video footage, the use of online platforms to communicate with Children and Adults at Risk and to deliver any Activities.
- Include the CFCCT Senior Safeguarding Board in Activity debriefs to strengthen policies and practices where necessary.

Supervision and Ratios

The level of supervision required will vary between Activities. Ratios for each Activity will be determined by a member of the CFCCT Safeguarding Board/ DSL who will take the following into consideration:

- The age, need and abilities of the Children and Adults at Risk participating.
- The competence and experience of Staff and Partners involved.
- The nature and duration of the Activity.
- Risk assessments and/or information identifying potential behavioural or other issues and risks.

Transport

Staff and Partners should not transport Children and Adults at Risk outside of their normal working duties unless in an emergency, or where not to transport them may place them at risk of harm.

All such instances must be recorded and reported to a member of the CFCCT Safeguarding Board or a DSL. In the case of a Child, parent/legal guardian consent should be sought wherever possible.

Staff and Partners are expected to:

- Only transport Children and Adults at Risk if it is part of their role and responsibilities.
- Ensure emergency arrangements are justified, reported and recorded.
- Ensure that the vehicle is roadworthy, appropriately insured and that the maximum capacity is not exceeded. A checklist should be completed before every journey and any defects reported immediately.
- Ensure that all arrangements for vehicle, passenger and driver safety are in place, including appropriate licence and insurance documents.
- Staff and Partners must be fit to drive and free from any drugs, alcohol or medication that is likely to impair their judgement or ability to drive.
- Children and Adults at Risk should occupy the back seats.
- Ensure seatbelts are working and are always used.
- All drivers must have as a minimum, the D1 entitlement to drive the Minibus
- All drivers will be responsible for all fines/endorsements received whilst driving the minibus, including any parking fines.

Safe Online Engagement

While the internet and online platforms offer many benefits and positive opportunities, it is important to be aware of the potential risks faced by Children and Adults at Risk which include, but are not limited to:

- Experiencing cyber/online bullying.
- Being pressured into engaging in risky behaviour.
- Being pressured or coerced into creating sexual images.
- Sharing personal information that can identify and locate them online.
- Being radicalised to support extremist ideologies and terrorism or to become involved in terrorism.
- The use of online platforms to take advantage of an imbalance of power to coerce, manipulate or deceive a Child or Adult at Risk into sexual or criminal activity, either online or offline.

- Being exposed to inappropriate or explicit content, for example: extreme views, violence, cruelty to humans and animals, self-harm, pro-suicide content, glorifying activities such as drug taking, sexual abuse and rape.

Staff and Partners are expected to:

- Adhere to this Policy and any risk assessment, safeguarding protocol or guidance issued from time to time in relation to specific Activities they are involved with.
- Only contact or engage with Children and Adults at Risk for professional reasons and with the knowledge and agreement of a member of the CFCCT Safeguarding Board.
- Only use online communication and engagement platforms approved by CFCCT ensuring that all content is visible/available to at least one other member of CFCCT staff.
- Ensure that the same professional standards of practice and behaviour are applied online. This includes dressing appropriately.
- In the case of Children, work with a member of the CFCCT Safeguarding Board to determine the appropriate level of parental involvement for each online Activity. This will vary depending on the age of the Children and the nature of the Activity.
- Be in a neutral area where nothing personal or inappropriate can be seen or heard in the background when delivering Activities.
- Consider what is visible on their device, for example: files on desktops, social media accounts, personal information or emails if the Activity involves sharing their screen.
- Familiarise themselves with online platform privacy settings and how to report concerns.
- Never share or request any personal information.

Lone Working and One-to-one Situations

A lone worker, for the purpose of this Policy, is defined as a member of Staff or a Partner who is engaged in an Activity which places them in a situation without direct contact with other colleagues or without direct supervision.

Staff and Partners are expected to:

- Attend an awareness and risk assessment briefing delivered by a member of the CFCCT Safeguarding Board/DSL prior to any lone working with Children and/or Adults at Risk.
- Adhere to this Policy and any risk assessment issued from time to time in relation to lone working.
- Work in an open and transparent way and avoid conduct which could raise concern or place Children and Adults at Risk of harm.
- Ensure that meetings and contact by whatever means with Children and Adults at Risk outside agreed working arrangements never take place without the knowledge and agreement of the CFCCT. Under no circumstances should Staff and Partners visit the homes of Children and Adults at Risk with whom they come into contact through their role outside agreed work arrangements. Nor should they invite Children and Adults at Risk to their own home or to that of a family member, colleague or friend.

Physical Contact

Working with Children and Adults at Risk may involve physical contact, such as medical intervention, responding to success or distress, preventing an injury or accident, sporting skills instruction or demonstrating the safe use of a piece of equipment.

Children and Adults at Risk are entitled to respect and privacy at all times, particularly when in a state of undress, changing clothes, showering or undertaking any form of personal care.

All supervision measures should be transparent, consistently applied and appropriate to the needs, age and capacity of those concerned.

In all circumstances where a Child or Adult at Risk initiates inappropriate physical contact, Staff and Partners are expected to sensitively deter the Child or Adult at Risk helping them understand the importance of personal boundaries. Should inappropriate contact be initiated by a Child or Adult at Risk, then it must be recorded and reported to a member of the CFCCT Safeguarding Board and recorded on MyConcern.

Staff and Partners are expected to:

- Avoid making gratuitous or unnecessary physical contact with Children and Adults at Risk.
- Ensure that physical contact only takes place in the interests of and for the benefit of the Child or Adult at Risk.
- Keep cultural implications of physical contact in mind.
- Explain the nature of and reason for physical contact to the Child or Adult at Risk.
- Unless the situation is an emergency, ask the Child or Adult at Risk for permission.
- Encourage Children and Adults at Risk to voice concerns they have if any physical contact makes them feel uncomfortable or threatened.
- Ensure that physical contact always takes place in an open or public environment and not in secret or out of sight of others

Examples of acceptable physical contact

- Celebrating success with a handshake or a high five.
- Responding to distress or providing comfort and reassurance by placing a hand on the upper back arm.
- To aid sporting skills instruction or to demonstrate the safe use of a piece of equipment. Wherever possible, use verbal directions rather than touch. Explain the nature and reason for the physical contact to reinforce learning.
- Preventing an injury or accident from occurring.
- Treating an injury and administering first aid.

Examples of unacceptable physical contact

- Inappropriate areas for touch include chest, breasts, waist, thighs, genital areas, buttocks or any other part of the body that might cause a Child or Adult at Risk distress or embarrassment.
- Never make physical contact to enforce adherence to instructions, for example: pushing, grabbing, pulling, or poking.
- Never assist with personal care that can be undertaken independently, for example, dressing or undressing, showering, or going to the toilet. All personal care assistance must form part of an agreed CFCCT personal/intimate care plan agreed on a one-2-one basis between the organisation and parent/carer.
- Engaging in sexual activity or an intimate relationship with a Child or Adult at Risk with whom you come into contact through your role.

Relationship and Positions of Trust

Individuals who have responsibility for, authority or influence over Children and/or Adults at Risk are in relationships of trust in relation to the Children and/or Adults at Risk in their care. A relationship of trust can be described as one in which one party has power and influence over the other by virtue of their work or the nature of the Activity, they are engaged in.

It is important to be aware of the power imbalance inherent in roles with Children and/ or Adults at Risk and the responsibility that must be exercised as a consequence. Individuals in relationships of trust have a responsibility to ensure that their position and/or influence is not used for personal advantage or gratification.

The Police, Crime, Sentencing and Courts Act has broadened the position of trust to include sport. It is against the law for someone in a position of trust to engage in sexual activity with a child in their care, even if that child is over the age of consent. This means that it is illegal to engage in sexual activity with any 16- or 17-year-old if you hold a position of trust.

Section 3

Safeguarding Children

Recognising Abuse and Other Harms

Indications that a Child is or may be being abused can be difficult to recognise. Some individuals may have additional vulnerability, for example, due to their age, disability, mental health, language, culture or sexual orientation, gender identity or care experience.

Some signs and indicators may be explained by something plausible, for example, bereavement, sudden absence of a parent, adolescence or accidental injury. The presence of one or more of the signs and indicators outlined in this section should not be taken as proof that abuse has or is taking place, however you do not need evidence to share your concerns. A person may be at increased risk of harm if you fail to share your concerns.

The definitions, possible signs and indicators detailed in this section are not exhaustive, however they can assist in identifying abuse and other issues that impact on the safety, welfare and wellbeing of Children.

Physical abuse

Any deliberate act causing injury or trauma to another person, for example: hitting, slapping, pushing, kicking, burning, giving a person medicine that they do not need and/or that may harm them or application of inappropriate restraint measures. In sport, physical abuse may occur if:

- The nature and intensity of training or competition exceeds the capacity of a Child's immature growing body.
- Encouraging the use of drugs or harmful substances to enhance performance or delay puberty.
- Being forced or pressured to participate when injured.
- Sanctions involve inflicting pain.

Possible signs and indicators of physical abuse:

- Unexplained marks, injuries, burns or scalds, bite marks, loss of hair in clumps, broken or fractured bones.
- Untreated or recurrent injuries.
- A history of unexplained falls, or minor injuries.
- Inconsistent accounts for the cause of injuries.
- Injuries not consistent with the explanation given for them.
- Injuries found at different states of healing.
- Injury shape similar to an object.
- Refusal to discuss injuries.

- Arms and legs kept covered in hot weather.
- Fear of medical help.
- Delays in physical development.
- Drowsiness due to too much medication or lack of medication.

Emotional abuse

Any act or other treatment which may cause emotional damage and undermine a person's sense of wellbeing, including persistent criticism, denigration or putting unrealistic expectations on Children, isolation, verbal assault, humiliation, blaming, controlling, intimidation or use of threats.

In sport, emotional abuse may occur if:

- Children are subjected to repeated criticism, sarcasm, name-calling or racism.
- Children feel pressure to perform to unrealistically high expectations.
- Children are made to feel like their value or worth is dependent on their sporting success.

Possible signs and indicators of emotional abuse:

- Isolation
- Fear of making mistakes
- Over meticulous
- Becoming withdrawn, agitated and/or anxious
- Tearfulness
- Unexplained paranoia or excessive fears
- Low self-esteem
- Struggling to control their emotions
- Have difficulty making or maintaining relationships
- Lack of growth or development
- Unexplained speech disorders
- Lack social skills
- Having few or no friends
- Acting or dressing inappropriate for age, gender and/or culture.

Sexual abuse

Any act which results in the exploitation of Children whether with their consent or not, for the purpose of sexual or erotic gratification. This includes non-contact activities, such as indecent exposure, involving Children in witnessing sexual acts, looking at sexual images/pornography or grooming them in preparation for abuse (including via the internet).

Children may not always understand that they are being sexually abused. Sexual abusers can also groom protective adults and organisations in order to create opportunities for abuse to take place.

Possible signs and indicators of sexual abuse:

- Genital and stomach pain, itching, bruising, discharge and bleeding, pregnancy, incontinence, repeated urinary infections and sexually transmitted infections.
- Difficulty walking or sitting.
- Having inappropriate knowledge of sexual behaviour for their age.
- A preoccupation with anything sexual.
- Inappropriate or unusual changes in the way affection is shown.

- Displaying inappropriate sexualised behaviour, such as dressing in a sexualised manner or sending sexualised images by mobile phone (“sexting”).
- Having nightmares.
- Bed-wetting

Neglect

Ongoing failure to meet the basic needs of Children. Neglect may involve failing to provide adequate food or shelter including exclusion from home or abandonment, failing to protect them from physical and emotional harm or danger or failing to ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, basic emotional needs.

In a sport setting, it may involve failing to ensure that Children are safe and adequately supervised or exposing them to unnecessary risks.

Possible signs and indicators of neglect:

- Poor hygiene
- Looking unkempt
- Being smelly or dirty
- Frequent tiredness
- Being hungry or not given money for food
- Malnutrition
- Having unwashed clothes
- Ill-fitting or inappropriate clothing such as no warm clothes in winter
- Stealing food and/or money.
- Being left alone for a long time.
- Being withdrawn, depressed or anxious.
- Finding it hard to concentrate or take part in activities.
- Untreated injuries and medical problems.
- Parents or carers absent or unsupportive or disengaged.

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.

Possible signs and indicators of bullying:

- Sudden loss of friends or avoidance of social situations.
- Being frightened of certain people, places or situations.
- Unexplainable injuries.
- Lost or destroyed clothing or property.
- Frequent headaches or stomach aches, feeling sick or faking illness.
- Changes in eating habits, like suddenly skipping meals or binge eating.
- Difficulty sleeping or frequent nightmares.
- Declining grades, loss of interest in schoolwork, or not wanting to go to school.
- Sudden loss of friends or avoidance of social situations.

Grooming

The process of developing a relationship with and the trust of an individual, and sometimes their family, to exploit, abuse or traffic them. Grooming can happen both online and in person.

Possible signs and indicators of grooming:

- Being very secretive about how they're spending their time, including when online.
- Isolation – not seeing friends and family.
- Having money or new things like clothes and mobile phones that they can't or won't explain.
- Being upset, withdrawn or distressed.
- Sexualised behaviour, language or an understanding of sex that's not appropriate for their age, understanding and/or culture.
- Spending more time away from home or going missing for periods of time.
- They start talking about a new friend, girlfriend, boyfriend or partner and it's not clear who they are or how they met them.
- A Child having an older boyfriend or girlfriend.
- Underage drinking or drug taking.
- Grooming can also lead to radicalisation.

Online abuse

Online abuse is any type of abuse that happens on the internet. It can happen across any device that's connected to the web, like computers, tablets and mobile phones. And it can happen anywhere online including: social media, text messages and messaging apps, emails, online chats online gaming, live-streaming sites.

Children can be at risk of online abuse from people they know or from strangers. It might be part of other abuse which is taking place offline, like bullying or grooming. Or the abuse might only happen online. Children and young people might experience different types of online abuse, such as: cyberbullying, emotional abuse, grooming, sexting sexual abuse and sexual exploitation.

Possible signs and indicators of online abuse:

- Spending more or less time online or on their devices.
- Spend a lot more or a lot less time than usual online, texting, gaming or using social media.
- Seem distant, upset or angry after using the internet or texting.
- Be secretive about who they're talking to and what they're doing online or on their mobile phone.
- Have lots of new phone numbers, texts or email addresses on their mobile phone, laptop or tablet.
- Appear controlled by their phone.
- Switch to a new screen when someone comes near the computer.
- Upset or frustrated after going online or gaming.

Child sexual exploitation and Child criminal exploitation

Forms of abuse and both occur where an individual or group takes advantage of an imbalance in power to coerce, manipulate or deceive a Child into sexual or criminal activity. Whilst age may be the most obvious, this power imbalance can also be due to a range of other factors including gender, sexual identity, cognitive ability, physical strength, status, and

access to economic or other resources. In some cases, the abuse will be in exchange for something the victim needs or wants and/or will be to the financial benefit or other advantage (such as increased status) of the perpetrator or facilitator.

The abuse can be perpetrated by individuals or groups, males or females, Children or adults. The abuse can be a one-off occurrence or a series of incidents over time and range from opportunistic to complex organised abuse. It can involve force and/ or enticement-based methods of compliance and may, or may not, be accompanied by violence or threats of violence. Victims can be exploited even when activity appears consensual and it should be noted exploitation as well as being physical can be facilitated and/or take place online.

Possible signs and indicators:

- Unexplained gifts, money or possessions they can't or won't explain.
- Going missing for periods of time or regularly returning home late.
- Skipping school or being disruptive.
- Genital and stomach pain, itching, bruising, discharge and bleeding, pregnancy, incontinence, repeated urinary infections and sexually transmitted infections.
- Having inappropriate knowledge of sexual behaviour for their age online.
- A preoccupation with anything sexual.
- Inappropriate or unusual changes in the way affection is shown.
- Being frightened of certain people, places or situations.
- Being secretive.
- Sudden changes in their appearance and wearing more revealing clothes.
- Signs of unexplained physical harm, such as bruising and cigarette burns.

County lines

The organised criminal distribution of drugs by gangs from the big cities into smaller towns and rural areas using Children. Gangs recruit Children through deception, intimidation, violence, debt bondage and/or grooming. Gangs also use local property as a base for their activities, and this often involves taking over the home of an Adult at Risk who is unable to challenge them. County line gangs pose a significant threat to Children upon whom they rely to conduct and/or facilitate such criminality.

Possible signs and indicators:

- Unexplained gifts, money or possessions they can't or won't explain.
- Going missing for periods of time or regularly returning home late.
- Persistently going missing from school or home
- Being found out-of-area.
- Starting to use new or unknown slang words.
- Starting to adopt certain codes of group behaviour e.g. ways of talking and hand signs.
- Unexplained physical injuries, and/or refusal to seek or receive medical treatment for injuries.
- Excessive receipt of texts and/or phone calls.
- Graffiti style 'tags' on possession.
- Carrying weapons.
- Constantly talking about another person who seems to have a lot of influence over them.
- Breaking contact with old friends and hanging around with one group of people.
- Gang association.
- Associating with known or suspected gang members, closeness to siblings or individuals in the family who are gang members.
- Expressing aggressive or intimidating views towards other groups of, some of whom may have been friends in the past.

- Being frightened of certain people, places or situations.
- Relationships with controlling individuals or groups.

Child-on-child abuse

Children can be taken advantage of or harmed by their peers. Child-on-child abuse can take many forms. This form of abuse occurs when there is any kind of physical, sexual, emotional or financial abuse or coercive control exercised between Children. It includes bullying, cyberbullying, sexual violence, harassment and sexting.

It should be recognised that the behaviour in question is harmful to both the perpetrator (who is a Child) and the victim. Behaviour may be intimate or non-intimate.

Farrer & Co have produced a resource on child-on-child abuse which is available [here](https://www.farrer.co.uk/globalassets/clients-and-sectors/safeguarding/addressing-child-on-child-abuse.pdf).
(<https://www.farrer.co.uk/globalassets/clients-and-sectors/safeguarding/addressing-child-on-child-abuse.pdf>)

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 for the purposes of involvement in extremist activity is a serious Safeguarding issue.

CFCCT Staff access PREVENT training through gov.uk

Possible signs and indicators:

- Becoming increasingly argumentative.
- Refusing to listen to different points of view.
- Unwilling to engage with children who are different.
- Becoming abusive to children who are different.
- Embracing conspiracy theories.
- Feeling persecuted.
- Changing friends and appearance.
- Distancing themselves from old friends.
- No longer doing things they used to enjoy.
- Converting to a new religion.
- Being secretive and reluctant to discuss their whereabouts.
- Sympathetic to extremist ideologies and groups. Online behaviour:
- Changing online identity.
- Having more than one online identity.
- Spending a lot of time online or on the phone.
- Accessing extremist online content.
- Joining or trying to join an extremist organisation.

**Safeguarding is
Everyone's
Responsibility**

Domestic abuse

Any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between people who are, or who have been in a relationship, regardless of gender or sexuality. It can include physical, sexual, psychological, emotional or financial abuse which can continue even after a relationship has ended. It also includes so-called “honour” based violence and victims are not confined to one gender or ethnic group.

Children never just ‘witness’ domestic abuse; it always has an impact on them. Exposure to domestic abuse or violence in childhood is Child abuse. Children may experience domestic abuse directly, but they can also experience it indirectly by hearing the abuse from another room, seeing a parent’s injuries or distress afterwards, finding disarray like broken furniture or being hurt from being nearby or trying to stop the abuse.

Possible signs and indicators that a Child has witnessed domestic abuse:

- Aggression or bullying.
- Anti-social behaviour, like vandalism.
- Anxiety, depression or suicidal thoughts.
- Attention seeking.
- Constant or regular sickness, like colds, headaches and mouth ulcers.
- Bed-wetting, nightmares or insomnia.
- Drug or alcohol use.
- Eating disorders.
- Problems in school or trouble learning.
- Tantrums.
- Withdrawal.

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 women and girls who are British nationals or permanent residents of the UK abroad for FGM whether or not it is lawful in another country.

Possible signs and indicators of FGM:

- Difficulty walking, sitting or standing.
- Spending longer than normal in the bathroom or toilet.
- Difficulties urinating or incontinence.
- Unusual behaviour after a lengthy absence.
- Reluctance to undergo normal medical examinations.
- Asking for help, but may not be explicit about the problem due to embarrassment or fear.

Possible warning signs that FGM might be about to take place are:

- A planned summer trip to a country known to practise FGM.
- Talk about visiting relatives for a special procedure, ceremony or event.

- Mention of a female relative coming to visit.
- Asking for help from a trusted adult if she feels at risk of danger.
- A holiday that includes additional time away before, or at the end of, the summer holidays, encroaching on school time.
- The family making preparations to take the girl abroad 'on holiday' e.g. arranging vaccinations or requesting a prolonged absence from school.
- Referencing FGM, female circumcision, cutting or it's other alternative names listed in the National FGM Centre's guidance: nationalfgmcentre.org.uk/wp-content/uploads/2018/02/FGM-Terminology-for-Website.pdf.

Poor practice

Any behaviour that falls below that required by the organisation and/or constitutes a breach of the code of conduct. Environments that encourage, ignore or facilitate poor practice can lead to abuse. It can also normalise behaviour which is unacceptable and should not be condoned.

Examples of poor practice include, but are not limited to:

- Insufficient care is taken to avoid injuries, for example, excessive training or inappropriate training for age, maturity, experience and ability.
- Allowing abusive and concerning practices to go unreported.
- Allowing hazing practices to go unreported.
- Placing Children in potentially compromising and uncomfortable situations with adults.
- Ignoring health and safety guidelines.
- Giving continued and unnecessary preferential treatment to certain individuals on a regular basis

Hazing

Any rituals, initiation activities, actions or situations, with or without consent, which recklessly, intentionally or unintentionally endangers the physical or emotional wellbeing of Children.



Underpinning Principles, Legislation and Guidance

- The welfare of the child is paramount (Children Act 1989).
- It is the responsibility of all adults to safeguard and promote the welfare of children and young people. This responsibility extends to a duty of care for those adults employed, commissioned or contracted to work with children and young people.
- Adults who work with children are responsible for their own actions and behaviour and should avoid any conduct which would lead any reasonable person to question their motivation and intentions.
- Adults, should work and be seen to work, in an open and transparent way.
- The same professional standards should always be applied and should be sensitive to differences expressed through culture, disability, gender identity, language, racial origin, religious belief and/or sexual orientation.
- Adults should continually monitor and review their practice and ensure they follow the guidance contained in this document.

Our approach to Safeguarding Children is based on legislation, statutory and best practice guidance, including amongst others:

- The Children Act 1989 and 2004
- Working Together to Safeguard Children 2018 • Keeping Children Safe in Education 2022
- The United Nations Convention on the Rights of the Child 1992
- The Safeguarding Vulnerable Groups Act 2006 • Protections of Freedoms Act 2012
- Equality Act 2010
- The Human Rights Act 1998
- Children and Families Act 2014
- GDPR and the Data Protection Act 2018
- Sexual Offences Act 2003
- Online Safety Bill (forthcoming) Visit the NSPCC's website for more information: www.nspcc.org.uk.

Section 4 Safeguarding Adults at Risk

Recognising Abuse and Other Harms

Abuse and neglect could be carried out by anyone in contact with adults, for example but not limited to: paid staff, volunteers, spouses, friends, family and neighbours, carers and strangers.

The definitions, possible signs and indicators detailed in this section are not exhaustive, however they can assist in identifying abuse and other issues that impact on the safety, welfare and wellbeing of adults.

The Care Act recognises ten categories of abuse that may be experienced by adults:

Self-neglect

This covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings.

Examples of self-neglect include:

- A refusal or inability to cater for basic needs, including personal hygiene and appropriate clothing.
- Neglecting to seek assistance for medical issues.
- Not attending to living conditions, for example, letting rubbish accumulate in the garden, or dirt to accumulate in the house.
- Hoarding items or animals. Possible signs and indicators of self-neglect:
- Very poor personal hygiene.
- Unkempt appearance.
- Lack of essential food, clothing or shelter.
- Malnutrition and/or dehydration.
- Living in squalid or unsanitary conditions.
- Hoarding.
- Neglecting household maintenance.
- Collecting a large number of animals in inappropriate conditions.
- Non-compliance with health or care services.
- Inability or unwillingness to take medication or treat illness or injury.

Modern slavery

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

Possible signs and indicators of modern slavery:

- 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.
- Signs of physical or emotional abuse.
- Lack of personal effects or identification documents.
- Always wearing the same clothes.
- Avoidance of eye contact, appearing frightened or hesitant to talk to strangers.
- Fear of law enforcers.

Domestic 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 partners or family members regardless of gender or sexuality. This can encompass but is not limited to the following types of abuse: physical, emotional, sexual and financial. It also includes so-called “honour” based violence and victims are not confined to one gender or ethnic group.

Possible signs and indicators of domestic abuse:

- Low self-esteem.
- Fear of outside intervention.
- Damage to home or property.
- Isolation – not seeing friends and family.
- Limited access to money.
- Physical evidence of violence such as bruising, cuts, broken bones.
- Verbal abuse and humiliation in front of others.

Discriminatory abuse

Discrimination is abuse that centres on a difference or perceived difference, particularly with respect to race, gender identity, disability, sexual orientation or any of the protected characteristics of the Equality Act.

Possible signs and indicators of discriminatory abuse:

- The person appears withdrawn and isolated.
- Expressions of anger, frustration, fear or anxiety.
- Activities not taking account of the person's individual needs in terms of a protected characteristic.

Organisational/Institutional abuse

This includes neglect and poor care 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. Organisational abuse can range from one off incidents to ongoing ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.

Possible signs and indicators of organisational/ institutional abuse:

- Authoritarian management or rigid regimes.
- Lack of leadership and supervision.
- Insufficient staff or high turnover resulting in poor care.
- Inappropriate use of restraints.
- Lack of respect for dignity and privacy.
- Failure to respond to complaints and abuse appropriately.
- Not providing adequate food and drink.
- Not taking account of individuals' cultural, religious or ethnic needs.
- Not offering choice or promoting independence.
- Interference with personal correspondence or communication.

Physical abuse

This includes hitting, slapping, pushing, kicking, restraint, and misuse of medication. It can also include inappropriate sanctions.

Possible signs and indicators of physical abuse:

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

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 to which the adult has not consented or was pressured into consenting.

Possible signs and indicators of sexual abuse:

- 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 or apprehension of, or withdrawal from, relationships or activities
- Reluctance to be alone with a particular person.

Financial/Material abuse:

This includes theft, fraud, internet scamming, and coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions. It can also include the misuse or misappropriation of property, possessions, or benefits.

Possible signs and indicators of financial/ material abuse:

- Signs of financial hardship in cases where the person's financial affairs are being managed by someone else.
- Disparity between the person's living conditions and their financial resources, e.g. insufficient food in the house.
- Missing personal possessions.
- Unexplained lack of money or inability to maintain lifestyle.
- Unnecessary property repairs.
- 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.

Neglect and acts of omission

This includes ignoring medical or physical care needs and failing to provide access to appropriate health social care or educational services. It also includes the withdrawing of the necessities of life, including medication, adequate nutrition, and heating.

Possible signs and indicators of neglect and acts of omission:

- Poor environment – dirty or unhygienic.
- Poor physical condition and/or personal hygiene.
- Pressure sores or ulcers.
- Malnutrition or unexplained weight loss.
- Untreated injuries and medical problems.
- Inconsistent or reluctant contact with medical and social care organisations.

- Accumulation of untaken medication.
- Uncharacteristic failure to engage in social interaction.
- Inappropriate or inadequate clothing.

Emotional/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.

Possible signs and indicators of emotional/ psychological abuse:

- Withdrawal or change in the psychological state of the person.
- Change in behaviour when a particular person is present.
- A change of appetite, weight loss/gain.
- Signs of distress: tearfulness, anger.
- Low self-esteem.
- Uncooperative and aggressive behaviour. There are additional types of harm that are not included in The Care Act, but they are also relevant to adult Safeguarding.

Sexual exploitation

Sexual exploitation is a subset of sexual abuse. It involves exploitative situations and relationships where people receive 'something' (e.g. accommodation, alcohol, affection, money) as a result of them performing, or others performing on them, sexual activities. It can also involve serial abusing in which the perpetrator seeks out and 'grooms' individuals - Grooming is defined as developing the trust of an individual at risk of abuse and/or his or her family in order to engage in illegal sexual conduct.

Cyber bullying

This occurs when someone repeatedly makes fun of another person online, or repeatedly picks on another person through emails or text messages. It can also involve using online forums with the intention of harming, damaging, humiliating, or isolating another person. It includes various different types of bullying, including racist bullying, homophobic bullying, or bullying related to additional learning needs and disabilities. The main difference is that, instead of the perpetrator carrying out the bullying face-to-face, they use technology as a means to do it.

Forced marriage

This 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 made it a criminal offence to force someone to marry.

Mate crime

A "mate crime" is when "vulnerable people are befriended by members of the community who go on to exploit and take advantage of them" (Safety Network Project, ARC). It may not be an illegal act, but it still has a negative effect on the individual.

A mate crime is carried out by someone the adult knows, and it often happens in private. In recent years there have been a number of Serious Care Reviews relating to people with a

learning disability who were seriously harmed, or even murdered, by people who purported to be their friend.

Radicalisation

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

Underpinning Principles, Legislation and Guidance

The Care Act 2014 sets out six principles that underpin adult Safeguarding:

- 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.

Our approach to adult Safeguarding is based on legislation, statutory and best practice guidance, including amongst others:

- The Care Act 2014
- Mental Capacity Act 2005
- Safeguarding Vulnerable Groups Act 2006
- Protection of Freedoms Act 2012
- Domestic Violence, Crime and Victims (Amendment) Act 2012
- Sexual Offences Act 2003
- Equality Act 2010
- Making Safeguarding Personal Guide 2014

Visit the Ann Craft Trust's website to learn more about adult Safeguarding:
www.anncrafttrust.org/resources/types-of-harm.

Section 5

Responding to disclosures, allegations and concerns

Abuse can be perpetrated by anyone and could take place anywhere, for example, in a person's own home, their community, their peer group setting, at school, a hospital or within a sport or youth work activity. Abuse can be a single or repeated act, or failure to take appropriate action, which causes harm or distress to a person.

Responding To a Disclosure

A disclosure is the process by which a person starts to share with others that they have been abused.

It is important to recognise that it takes extraordinary courage for someone to go through the journey of disclosing abuse. It is therefore important that Staff and Partners respond in accordance with the CFCCT Safeguarding Policy and training to reduce the risk of increased trauma and/or compromising an investigation.

Listen

- Give your full attention to the person disclosing.

- Respect pauses and don't interrupt the person disclosing.
- Limit any questioning to the minimum necessary to seek clarification only.

When seeking clarification, use the language of the person disclosing to show that it is their experience.

Reassure

- Provide reassurance that the person disclosing is being taken seriously and that they are not to blame.

Views and wishes

- Engage the person disclosing as far as possible about how best to respond to their safeguarding situation.

Take action

- Always act in the best interests of Children and Adults at Risk.
- Explain to the person disclosing what action you will be taking and that you will support them through the process. There may be circumstances where it is not appropriate to explain the action you will be taking, for example, a child's age and understanding or if doing so would place the person at greater risk of harm.
- Where it is suspected that a crime has been committed, the police should be contacted immediately, and physical, forensic and other evidence must be preserved.
- Once the person's immediate needs have been met, ensure the information is shared with a member of the CFCCT Safeguarding Board/DSL.
- Record the information directly on our MyConcern reporting platform or your line manager/DSL.

Staff and Partners must never:

- Make ambitious promises or promise confidentiality.
- Seek details beyond those the person willingly discloses.
- Ask leading questions.
- Give the impression that the person disclosing is to blame.
- Approach the alleged perpetrator of abuse or person whose behaviour and/or actions there are concerns about.



How To Raise a Concern or Report Allegations or Suspicions of Abuse

A disclosure is not the only way that Staff and Partners may be made aware of abuse or a safeguarding concern. Staff and Partners must contact a member of the CFCCT Safeguarding Board without delay if they witness an incident or come upon information that a Child or Adult at Risk has been or is at risk of harm, abuse or exploitation. This includes allegations about non-recent abuse and allegations made against deceased individuals.

Anyone can contact emergency services or statutory agencies for advice or to make a referral, particularly if they are concerned about a Child's or Adult at Risk's immediate safety or if they are unable to contact a member of the CFCCT Safeguarding Board. If this happens, Staff and Partners must notify a member of the CFCCT Safeguarding Board once the Child's or Adult at Risk's immediate needs have been met.

Staff and Partners are expected to ensure that poor practice or lower level concerns are reported in the same way. The normalisation of poor practice or allowing poor practice to go unreported risks creating an environment for Children and Adults at Risk to be abused or harmed.

We will fully support anyone who in good faith shares concerns about the safety or welfare of a Child or Adult at Risk or about an individual's behaviour towards a Child or Adult at Risk. No one will suffer any detrimental treatment as a result of raising a genuine concern.

Staff and Partners are expected to ensure that all disclosures, allegations or suspicions of abuse are taken seriously and responded to.



Section 6

Contacts

- Chair of Safeguarding Board – Matt Morris – 07713 270948
- Designated Safeguarding Manager – John Croot – 07896 314692
- Chesterfield FC Community Trust Designated Safeguarding Lead – Keith Jackson – 07751 926703
- Chesterfield FC Community Trust Designated Safeguarding Lead – Jayne Bacon – 07751 926711
- Chesterfield FC Safeguarding Lead – Toby Fawcett Greaves – 07972 113698

External practitioners and advice

- Jenny Blewitt – County FA Designated Safeguarding Officer - 01332 361422 (option 4) safeguarding@thefa.com
- FA/NSPCC 24-Hour Help-line - 0808 800 5000 alternatively you can text on 88858
- Derbyshire Safeguarding Children Board (Starting Point) - 01629 532169
- Derbyshire Police – 101
- Social care emergency (out of hours) – 01629 532600

- Ann Hussey, EFL Child Protection Advisor, ahussey@football-league.co.uk 01772 325811
- Childline- 0800 11 11

Recording Information

Good record keeping is essential safeguarding practice. It is vital that Staff and Partners make a written record as soon as possible after they've reported the information to the a member of the CFCCT Safeguarding Board. Staff and partners are expected to record information using our Safeguarding Reporting Form and on MyConcern.

Staff and Partners are expected to:

- Provide clear, concise and relevant information.
- Record information in an objective and professional manner.
- Record factual information rather than assumption of what they have witnessed or been told.
- Record actual words and language. Avoid rephrasing what you have been told or leaving things like insults or intimate vocabulary out.
- Record observations, for example, a description of visible bruising or injuries. Never ask someone to remove or adjust their clothing to observe any bruises, marks or injuries.
- Contact a member of the CFCCT Safeguarding Board/DSL if in doubt about recording requirements

If more information is recalled at a later date, this should be added as an addendum. The original record must not be changed.

Staff and Partners should be aware that such records may be used as evidence for investigations and inquiries, court proceedings, disciplinary procedures and/or quality assurance purposes.

Confidentiality

All disclosures, safeguarding incidents and allegations must be taken seriously, and every effort should be made to ensure that confidentiality is maintained for all concerned by only sharing information with those who need to know. Those who need to know are those who have specific responsibilities to support and protect the Child or Adult at Risk and others who may be at risk, for example, statutory agencies, a member of the CFCCT Safeguarding Board, The FA, parents and carers.