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*'KEEPING OUR FAMILY SAFE'*

SAFEGUARDING ADULTS POLICY



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## West Bromwich Albion Football Club / Board Statement

**Mark Miles** / Managing Director

I along with everyone connected with West Bromwich Albion Football Club is absolutely committed to safeguarding and promoting the welfare of every child, young person and adult who are part of the 'Albion Family'.

We are driven to create, maintain and develop safe environments for our Albion Family, this is reflected within our Safeguarding Strategies and Policies.

## West Bromwich Albion Football Club Policy and Related Procedure for Safeguarding Children

Our mission at West Bromwich Albion Football Club is to create an enjoyable, safe, and positive environment for all. We are committed to ensuring that our staff and volunteers are appropriate and suitable to work with vulnerable groups.

We will provide continuous development opportunities, guidance, support and training to ensure that safeguarding and promoting the welfare of children and young people is a priority and that staff across the organisation take time to listen and to respond positively to the needs of all we engage with.



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## SAFEGUARDING CONTACTS

<b>WBA FC Safeguarding Team</b>	Safeguarding@wbafc.co.uk
<b>Lisa Reynolds, Head of Safeguarding</b>	Email: Lisa.Reynolds@wbafc.co.uk Mobile: 07971 632104
<b>Andy Wheeler, Safeguarding Manager (Academy)</b>	Email: Andy.Wheeler@wbafc.co.uk Mobile: 07816 126120
<b>Dave Webb, Safeguarding Manager (Foundation)</b>	Email: dave.webb@albionfoundation.co.uk Mobile: 07393 019638
<b>Mark Miles, Board Safeguarding Lead</b>	Email: Mark.Miles@wbafc.co.uk
 <b>Sandwell Adult Services Care Team</b>	Email: Sandwell_Enquiry@sandwell.gov.uk Daytime: 0121 569 2266 Out of Hours: 0121 569 2355
 <b>Police:</b>	101 or 999 in an emergency
 <b>Samaritans:</b>	116 123
 <b>Ann Craft Trust:</b>	0115 951 5400

## KEY INITIATIVES AND LEGISLATION

- Achieving Best Evidence 2022
- Care Act 2014
- Care and Support Statutory Guidance 2022
- Care Standards Act 2020
- Data Protection Act 2018
- Equality Act 2010
- GDPR General Data Protection Regulations 2018
- Human Rights Act 1998
- Mental Capacity Act 2005
- Modern Slavery Act 2015
- Police Act 1997
- Privacy Policy
- Protection of Freedoms Act 2012
- Rehabilitation of Offenders Act 1974
- Sexual Offences Act 2003
- Safeguarding Vulnerable Groups Act 2006

## WHY IS SAFEGUARDING ADULTS IMPORTANT TO US?

There are legal requirements on statutory bodies under the Care Act 2014, and statutory guidance (Care and Support Statutory Guidance – updated 27 January 2022) applying to the voluntary sector across England and the devolved nations, which require organisations to do everything they can to ensure that their workforce are able to recognise and report concerns about abuse quickly and appropriately to keep adults safe, and to prevent harm and abuse from happening in the first place. It is critically important that we are alert to both research and learning from concerns across the sport sector, which indicates that those involved in elite sport and talent pathways may be at increased risk of harm and abuse and that vulnerability can further increase during periods of imminent achievement and transitions (securing contract/scholarships, joining the first team, end of playing career, injury and relocation, for example).

Safeguarding is contextual and the many factors which increase vulnerability and risk are intersectional. It is vital to acknowledge and to recognise that every individual has their own unique experiences of discrimination and oppression, and it is critical that anything which serves to marginalise people should be considered in any assessment of risk (gender, race, class, poverty, displacement, religious beliefs, sexual orientation, communication barriers, neurodiversity etc).

Adults at risk of abuse may have additional support needs, meaning that they are more likely to experience abuse, and less able to protect themselves from it. The abuse of adults at risk can have devastating effects on their physical, mental, emotional, social and spiritual wellbeing, as well as on their children or children connected to them. Equally, many adults at risk have been victims or survivors of abuse and harmful experiences in childhood which have impacted upon their confidence, self-worth and resilience and compounded other personal characteristics increasing vulnerability. The inter-generational trauma experienced by many disadvantaged individuals and communities is increasingly being recognised and acknowledged as a contributor to increased vulnerability at all ages.

There is also emerging evidence from research that indicates that the risks associated with transition into adolescence extends into the early and mid-twenties. This emphasises the need to improve safeguarding responses to older teenagers and young adults in a way that recognises their developmental needs. In this context it is therefore vital to be open to the possibility that any adult may be at risk and that this can be temporary or on-going depending on the support and protective factors around them.

Anyone who is employed or volunteers for or, on behalf of the Club, regardless of the type or amount of contact they have with adults who may be vulnerable or at risk of abuse, has a role to play in safeguarding and protecting them. They must:

- Know how to recognise indicators of concern.
- Know what to do when safeguarding concerns arise.
- Understand what the Club expects of them in terms of their own behaviour and actions.

An adult at risk of abuse can be anyone over the age of eighteen, including service users, players, staff or volunteers. See the definitions, types and indicators of abuse in Appendix 1, 2 and 3. Whilst personal characteristics may make an individual more vulnerable i.e. disability and communication difficulties, it is the situation around an individual which may increase risk or place them at potential risk of harm.



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# PERSON-CENTRED SAFEGUARDING/ MAKING SAFEGUARDING PERSONAL

Safeguarding adults can be complex. UK legislation recognises that adults make choices that may mean that one part of their well-being suffers at the expense of another - for example moving away from friends and family to follow their playing career or get 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.

Adults have a right to self-determination and may either not recognise themselves as being abused/at risk or choose not to act to protect themselves. 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 our Club or other agencies take to help them to protect themselves. Safeguarding adults means creating a culture that informs the adult, consults them on all decisions affecting them and works in partnership with them.

As a principle safeguarding concerns should be discussed with the adult to establish their views and involve them in the safeguarding process in a way that enhances their involvement, choice and control, as well as improving their quality of life, well-being and safety.

Occasionally however this may not be possible or safe. If in doubt - or if you are worried in any way about the safety and wellbeing of any adult - seek advice without delay from the Head of Safeguarding or the Safeguarding Manager (Academy).

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).

# THE CARE ACT

The six principles of the Care Act apply. The principles work together:

## EMPOWERMENT

**People being supported and encouraged to make their own decisions and informed consent.**

"I am asked what I want as the outcomes from the safeguarding process, and these directly inform what happens".

## PREVENTION

**It is better to take action before harm occurs.**

"I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help."

## PROPORTIONALITY

**The least intrusive response appropriate to the risk presented.**

"I am sure that the professionals will work in my interest, as I see them and they will only get involved as much as needed."

## PROTECTION

**Support and representation for those in greatest need.**

"I get help and support to report abuse and neglect. I get help so that I am able to take part in the safeguarding process to the extent to which I want."

## PARTNERSHIP

**Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.**

"I know that staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together and with me to get the best result for me".

## ACCOUNTABILITY

**Accountability and transparency in delivering safeguarding.**

"I understand the role of everyone involved in my life and so do they."



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# SAFEGUARDING PROCEDURES FOR STAFF, VOLUNTEERS, THIRD PARTIES AND SUB-CONTRACTORS EMPLOYED BY THE CLUB

## MAINTAINING PROFESSIONAL BOUNDARIES

As a result of the roles and authority that most of our staff and volunteers hold, they are considered to be in a Relationship of Trust as provided for in Football Association regulations and in relation to those in their care. This means that those in a position of power and influence over children, young people, or Adults at Risk must not abuse their position for personal advantage or gratification or that of others.

## RESPONDING TO DISCLOSURES, SAFEGUARDING INCIDENTS AND CONCERNS

Indications that an adult may be being abused can be difficult to recognise. Some signs and indicators may be explained by something plausible, for example, bereavement or accidental injury. The presence of one or more signs and indicators should not be taken as proof that abuse has or is taking place, however Staff do not need evidence to share a concern.

A person may be at increased risk of harm if you fail to report your concerns. No single person can have a full picture of an Adult at Risk's circumstances. Staff should never think that their concerns are not significant enough to act on. Staff should discuss their concerns with our Safeguarding Team. All disclosures, incidents and allegations must be taken seriously and responded to in line with the Club Safeguarding Policy and training. This includes allegations about non-recent abuse and allegations made against deceased individuals.

Staff should contact our Safeguarding Team without delay if they witness an incident or come upon information pertaining to the safety and welfare of an Adult at Risk. Anyone can contact emergency services or make a referral directly to statutory agencies, particularly if they are concerned about an Adult at Risk's immediate safety, if they are having difficulty contacting a member of our Safeguarding Team or if they are concerned that a disclosure or they feel that information about a safeguarding concern has not been acted upon appropriately.

The Club will fully support anyone who in good faith shares concerns about the safety and welfare of an adult. The Club provides support to all those employed by the organisation whether in a paid or voluntary capacity in respect of their mental health through a number of initiatives, including access to mental health first aiders.

It may be necessary for staff and others (including mental health first aiders) to break confidentiality in certain circumstances for example:

- Where there is an immediate risk of significant harm.
- When you believe a crime may have been committed (assault, domestic abuse).
- When a person has clearly disclosed that they plan to take their life or has taken action which puts their life in danger.
- The person has already been harmed or is experiencing a crisis and emergency services, health professionals and/or mental health professional need to be contacted in order to access support.
- The person is behaving in a way (or is planning to) which may put others at risk.

If you have a concern for a colleague in respect of their mental health, or whilst acting as a mental health first aider a disclosure occurs and you feel that the above conditions have been met, then you should contact a member of the safeguarding team without delay.

## WHAT IS A DISCLOSURE?

A disclosure is the process by which a person starts to share issues which indicate that they are vulnerable/distressed, at risk of being harmed or that they have been abused. Disclosure is usually a process not an event and our priority is to ensure that we have a confident workforce who are committed to listening carefully and enabling the voice of anyone who may be at risk or in need of support or protection to be heard.

Disclosures can happen in a variety of ways including:

### Directly:

Telling someone what has happened to them.

### Indirectly:

Inadvertently or deliberately communicating through behaviours, emotions, art, writing, appearance, inquiries or discussions about fears, concerns or relationships. We recognise that it takes extraordinary courage for someone to go through the journey of disclosing abuse and we will ensure that appropriate action is taken to support and protect them.

## RESPONDING TO A DISCLOSURE

### Listen:

- Staff should give their full attention to the person disclosing and should keep their body language open and encouraging.
- Staff should respect pauses and not interrupt the person disclosing.
- Staff should limit any questioning to the minimum necessary to seek clarification only. When seeking clarification, Staff should try to use the language of the person disclosing to reflect recognition of the experiences that the individual is describing.

### Reassure:

- Staff should provide reassurance that the person disclosing is being taken seriously and that they are not to blame.
- Staff should engage the person disclosing as far as possible about how best to respond to their safeguarding situation. What do they think might help?
- Staff are expected to act in the best interests of the Adult at Risk. Seek advice from our Safeguarding Team without delay if in any doubt about what action to take, including sharing information.

### Safety:

- Staff should ensure that the immediate needs of the person disclosing are met and should prioritise their safety and protection above all else. This may involve contacting emergency services and/ or statutory agencies.
- The Head of Safeguarding or any member of our Safeguarding Team must be immediately notified of all such action. All such concerns must be recorded on the electronic MyConcern central recording system.



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### Take Action:

- Staff should explain what action they will be taking to the person about whom they have concerns and reassure them that they will be supported through the process. There may be circumstances where it is not appropriate to explain the actions that will be taken, for example if it is felt that doing so would place the person or the staff member at greater risk of harm.
- Staff should refer details of the disclosure to our Safeguarding Team.
- 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.

### Record:

- Good record keeping is essential safeguarding practice. It is vital that Staff make a written record as soon as possible after the concern has been recognised or someone has disclosed, their immediate needs have been met and the appropriate referrals have been made.
- Staff should contact our Safeguarding Team if in doubt about recording requirements.

### Staff 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.
- The flowchart in this document (Page 16) outlines the steps to be taken by Staff when responding to a concern, managing a disclosure, safeguarding incident or allegation.

### Recording Information:

All concerns, incidents, allegations and disclosures must be recorded. A written record should include the following information:

- Provide a factual account of what you have observed or have been told.
- The date and time of what you have witnessed or been told.
- Details of those involved:
  - Person(s) whose safety and welfare there are concerns about.
  - Alleged perpetrator(s) of abuse or person(s) whose behaviour or actions there are concerns about.
  - Witness(es) and any third party who has raised concerns.
- Action taken and your rationale for taking these actions.
- Date and time of referring the information and to whom the information was referred.
- Your details as the referrer.

### Staff 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 you have witnessed or been told.
- Record actual words and language. Don't rephrase what you have been told or leave 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. If more information is recalled at a later date, this should be added as an addendum. The original record must not be changed.
- WBA record incidents and concerns on the single central record system MyConcern. Staff must place an entry on MyConcern without delay and within 24 hours of a concern arising. The Head of Safeguarding or any member of the safeguarding team should be informed of any serious concern immediately.

### Confidentiality and Storing of Information

All disclosures, safeguarding concerns, incidents and allegations must be taken seriously, and every effort should be made to ensure that confidentiality is maintained for all concerned. The storage of this information and relevant security measures will be outlined in the Data Protection and GDPR policy. GDPR and Data Protection Act 2018 do not prevent, or limit, the sharing of information for the purpose of keeping children, young people or adults at risk safe.

More information and advice on information sharing for safeguarding practitioners can be found through government GDPR web page or on request from the Head of Safeguarding at [safeguarding@wbafc.co.uk](mailto:safeguarding@wbafc.co.uk).

Those who need to know are those who have specific responsibilities to support and protect the Adult at Risk and others who may be at risk, for example, statutory agencies, our Safeguarding Team, and The FA.

### Non-Recent Abuse

Non-recent abuse (also known as historical abuse) is an allegation of neglect, physical, sexual or emotional abuse made by or on behalf of someone who is now 18 years old or over, relating to an incident which took place when the alleged victim was under 18 years old or additionally vulnerable at the time the abuse took place (for example, due to visible or invisible disability, communication difficulties/differences, isolated from family and friends, subject to coercion, control or threats).

Allegations of abuse are sometimes made by adults and children many years after the abuse has occurred. There are many reasons for an allegation not being made at the time, including fear of reprisals, the degree of control exercised by the abuser, shame or fear that the allegation may not be believed.

Reports of non-recent concerns or allegations of abuse may be complex, as the alleged victims may no longer be living in the same situation where the abuse occurred and/or the whereabouts of the alleged respondent may be unknown. However, such cases should always be taken seriously and responded to in the same way as any other safeguarding concern or allegation. That is because:

- There is a likelihood that a person who abused a child/children in the past will have continued and may still present a risk to vulnerable individuals.
- Criminal prosecutions can still take place, despite the fact that the allegations are non-recent in nature and may have taken place many years ago.

### Communication and Media Protocols

All media enquiries and communication with Club, The Albion Foundation (TAF) and other stakeholders following a safeguarding incident or about our safeguarding provision generally must be approved by our Communication and Safeguarding Teams.

Support for Staff Dealing with a disclosure or a safeguarding incident may have an impact on the wellbeing of those involved. It is important that anyone affected seeks help if they feel that they need support.



## Sharing Information

Adults may not give their consent to the sharing of safeguarding information for some reasons. For example, they may be unduly influenced, coerced, or intimidated by another person, they may be frightened of reprisals, they may fear losing control, they may not trust social services or other partners, or they may be dependent and fear that their relationship with the abuser will be damaged. You should still discuss concerns with our Safeguarding Team who will be able to provide advice and support.

If there are concerns about immediate risks of significant harm or abuse for the individual or others (or a crime appears to have been committed), consent is not required and our Safeguarding Team will seek support from emergency services/statutory agencies as appropriate.

Reassurance and appropriate support may help the individual to feel more confident and to make informed choices about whether it is in their best interests to share information.

### Safeguarding staff should consider the following when speaking with the adult:

- Explore the reasons for the adult's objections – what are they worried about?
- Explain the concern and why you think it is important to share the information.
- Tell the adult with whom you may be sharing the information with and why.
- Explain the benefits, to them or others, of sharing information – could they access better help and support?
- Discuss the consequences of not sharing the information – could someone come to harm?
- Can they explain their reasons underpinning their choices, including the possible negative consequences of failing to share information and seek support?
- Reassure them that the information will not be shared with anyone who does not need to know.
- Reassure them that they are not alone and that support is available to them.

# HOW TO REPORT A CONCERN



# REPORTING A CONCERN AGAINST A MEMBER OF STAFF OR VOLUNTEER



## APPENDICES

- Appendix A - Definitions
- Appendix B - Type of Abuse
- Appendix C - Abuse Indicators



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# APPENDIX A - DEFINITIONS

For the purpose of this Policy the following definitions apply:

**Adults at Risk**

A person aged 18 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 violence.

This list is not exhaustive. 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.

**Abuse:**

Defined as a violation of an individual's human and civil rights by any other person or persons. It includes acts of commission (such as an assault) and acts of omission (situations where the environment fails to prevent harm). Abuse may be single act or omission or series of acts or omissions.

**Activity:**

Any activity or series of activities, arranged by or in the name of WBA, for Children, Young People and/or Adults at Risk, or to be attended by Children, Young People and/or Adults at Risk.

**Capacity:**

Refers to an individual adult's ability to take a specific decision or take a particular action at a particular time even if they are able or not able to make other decisions at other times. The starting point should be that the person has capacity to make a decision unless it can be established that they cannot.

**Staff:**

Means any person employed or deployed by WBA whether in a paid, voluntary, consultancy or third-party capacity. The Football Association ("The FA") is English football's governing body and in some cases, referrals will be made to the FA and other statutory bodies.

# APPENDIX B - TYPES OF ABUSE

**Self-Neglect:**

Not looking after own personal hygiene, health or surroundings or hoarding. This happens away from football, but we might see the signs in football.

**Domestic Abuse/Violence:**

Including psychological, physical, sexual, financial and emotional abuse. It also includes so called "honour" based violence. This happens away from football but we might see signs in football.

**Discrimination Abuse:**

Difference or perceived difference, particularly with respect to race, gender or disability or any of the other protected characteristics of the Equality Act.

**Organisational Abuse:**

Including neglect and poor care practice within an institution, a specific care setting, their own home, or their football Club.

**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.

**Sexual Abuse:**

Adults with care and support needs can consent to sexual activity but can still be abused. This includes rape, Indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts or indecent exposure.

**Financial or Material Abuse:**

Including theft, fraud, internet scamming or coercion in relation to an adult's financial affairs or arrangements.

**Neglect:**

Ongoing failure to meet the basic needs of an Adults at Risk. 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 an Activity setting, it may involve failing to ensure that Adults at Risk are safe and adequately supervised or exposing them to unnecessary risks.

**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 Adults at Risk, isolation, verbal assault, humiliation, blaming, controlling, intimidation or use of threats.



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## Modern Slavery:

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

## County Lines:

The organised criminal distribution of drugs by gangs from the big cities into smaller towns and rural areas using Adults at Risk. Gangs recruit Adults at Risk 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, Young People and Adults at Risk upon whom they rely on to conduct and/or facilitate such criminality.

## Cuckooing:

Cuckooing is a term often linked to county lines. Cuckooing is when gangs establish a base in the location, they are targeting for drug dealing and to operate their criminal activity from, often taking over the homes of adults at risk by force or coercion. People exploited in this way will quite often be exposed to physical, mental and sexual abuse, and in some instances will be trafficked to areas a long way from home as part of the network's drug dealing business. Victims of 'cuckooing' are often drug users but can include older people, those suffering from mental or physical health problems, female sex workers, single mums and those living in poverty. Victims may suffer from other forms of addiction, such as alcoholism.

## 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. 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 Adults at Risk for the purposes of involvement in extremist activity is a serious safeguarding issue.

## Discriminatory Abuse:

Abusive or bullying behaviour 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'. Discriminatory behaviour is unacceptable and will be reported to The FA. This includes incidents on and off the pitch (including social media).

## 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 Children, Young People and Adults at Risk are not afforded the necessary priority, compromising their welfare, for example, allowing abusive or concerning practices to go unreported, placing Adults at Risk in potentially compromising and uncomfortable situations, failing to ensure the safety of Children, Young People and Adults at Risk, ignoring health and safety guidelines, or giving continued and unnecessary preferential treatment to individuals.

## 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, Young People and Adults at Risk.

## Peer-on-Peer Abuse:

Children, Young People and Adults at Risk can be taken advantage of or harmed by their peers. Peer-on-peer abuse is any form of physical, sexual, emotional and financial abuse, and coercive control, exercised between individuals and within relationships (both intimate and non-intimate).

# APPENDIX C - ABUSE INDICATORS

## Physical Abuse Indicators

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

## Sexual Abuse Indicators

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

## Psychological Abuse Indicators

- Untypical ambivalence, deference, passivity, resignation
- Person appears anxious, withdrawn, or fearful, especially in the presence of specific people
- Person appears to have a poor opinion of themselves
- Person appears to lack the opportunity to make choices or have adequate privacy
- Untypical changes in behaviour or routines of daily living
- Person appears isolated and deprived of social contact
- Person is unable to maintain eye contact having previously been able to

## Financial Abuse Indicators

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

## Neglect Indicators

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



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