WEST BROMWICH ALBION FOOTBALL CLUB

SAFEGUARDING ADULTS POLICY











"To protect and empower everyone by creating a welcoming, trusted and supportive environment where voices are heard and strong partnerships help our entire Baggies family thrive."

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Policy Statement & Board Commitment



West Bromwich Albion FC & The Albion Foundation Board Commitment

Everyone at West Bromwich Albion Football Club and The Albion Foundation is fully committed to safeguarding and promoting the welfare of every child, young person and adult at risk who we engage with.

We will strive to provide safe and positive activities and environments for everybody who engages with our services and activities. We will ensure that our Strategic Safeguarding Plan, policy framework and approach in practice reflect our commitment to this.

Mark

Executive Director (WBA FC)

Rob

Foundation Director (TAF)

Baggies Safe Safeguarding Statement

West Bromwich Albion Football Club and The Albion Foundation have merged their safeguarding functions to form 'Baggies Safe'.

Baggies Safe is a commitment to ensuring the safety and welfare of all who we engage with and who visit the club or the Foundation activities. Whether online or in person, Baggies Safe will strive to achieve its Vision and Principles through the implementation of its Safeguarding Strategy and Implementation Plan.

Creating positive and safer environments for everyone is our priority. We will work continuously to embed and sustain a safeguarding culture where everyone feels listened to, heard, responded to positively and supported in the management of any welfare issues or safeguarding concerns. This includes children, young people, parents/carers, players, those of any age with additional care and support needs, community partners, our paid and volunteer workforce and our supporters.

For this policy, reference to West Bromwich Albion (WBA) includes West Bromwich Albion Football Club and The Albion Foundation and Staff refers to full-time and casual staff as well as volunteers.

Key Contacts, Initiatives and Legislation

Baggies Safe Safeguarding Team - Safeguarding@wbafc.co.uk and Safeguarding@albionfoundation.co.uk

Lisa Reynolds: Head of Safeguarding & Welfare
Email: Lisa.Reynolds@wbafc.co.uk
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Andy Wheeler: Safeguarding Manager (Academy)
Email: Andy.Wheeler@wbafc.co.uk
Mobile: 07816 126120

Dave Webb: Safeguarding Manager (Foundation)
Email: Dave.Webb@albionfoundation.co.uk
Mobile: 07393 019638

Sandwell Adult Services Care Team

Email: Sandwell_Enquiry@sandwell.gov.uk
Daytime: 0121 569 2266
Out of Hours: 0121 569 2355

Police: 101 or 999 in an emergency

Samaritans: 116 123

Ann Craft Trust: 0115 951 5400
ann-craft-trust@nottingham.ac.uk

Key Initiatives and Legislation

- Achieving Best Evidence 2022
- Care Act 2014
- Care and Support Statutory Guidance 2023
- Care Standards Act 2000
- Data Protection Act 2018
- Equality Act 2010
- UK GDPR and Data Protection Act 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

Overview

There are clear legal expectations under the Care Act 2014 and associated statutory guidance which require organisations to ensure that their workforce can recognise and respond to safeguarding concerns promptly and effectively. Within sport, research highlights that individuals involved in elite pathways may face increased vulnerability, particularly during periods of transition such as progression, injury, relocation, or the end of a playing career. WBA is committed to embedding safeguarding practices that proactively identify and respond to these risks.

Safeguarding must also recognise the complex and contextual nature of vulnerability. Individuals may experience overlapping factors such as discrimination, inequality, or social disadvantage, which can increase their risk of harm. It is essential that safeguarding practice considers these intersectional factors, ensuring that all individuals are treated fairly, with sensitivity to their unique experiences, needs, and circumstances.

Adults at risk may have additional care and support needs which can increase their susceptibility to abuse and reduce their ability to protect themselves. The impact of abuse can be significant and long-lasting, affecting all aspects of wellbeing. Vulnerability may also be influenced by past experiences, including trauma, and can extend into early adulthood, particularly during key developmental stages. All staff and volunteers have a responsibility to recognise concerns, understand their role in safeguarding, and act in line with WBA expectations to ensure that adults are supported, protected, and able to participate safely.

Person-Centred Safeguarding/Making it 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 WBA 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, wellbeing 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 Safeguarding Team.

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."

Mental Capacity Act 2005

The Mental Capacity Act 2005 provides a legal framework for supporting adults to make their own decisions wherever possible and for making decisions in their best interests where they lack the capacity to do so. WBA recognises that all adults have the right to make their own choices, including decisions that may involve risk, and must be assumed to have capacity unless it is established otherwise. Safeguarding practice must be person-centred, ensuring that individuals are supported to understand information, consider their options, and communicate their decisions effectively.

In the context of safeguarding, the Mental Capacity Act is particularly important when considering whether an adult is able to make informed decisions about their safety and wellbeing. Where there are concerns about capacity, this must be assessed in line with the Act, and any decisions made on behalf of an individual must be in their best interests and be the least restrictive option. Staff should seek guidance from the Safeguarding Team where capacity is in question, ensuring that appropriate support, including advocacy where required, is provided to enable the adult to be involved in decision-making as far as possible.

Voice of the Adult

WBA is committed to ensuring that the views, wishes, and lived experiences of Adults at Risk are central to all safeguarding activity. We recognise that safeguarding adults must be person-centred, empowering individuals to have choice, control, and involvement in decisions that affect their lives. Wherever possible, adults will be supported to express their views, understand their options, and make informed decisions about their safety and wellbeing.

Staff and volunteers must actively listen to adults, respect their perspectives, and take their concerns seriously, ensuring that their voices shape safeguarding responses. In line with the principles of Making Safeguarding Personal, WBA will work in partnership with individuals to achieve outcomes that matter to them, while balancing the need to protect them and others from harm. Where appropriate, and particularly where capacity or communication needs are identified, reasonable adjustments and advocacy support will be provided to ensure that every adult is heard, respected, and supported throughout the safeguarding process.

Roles and Responsibilities

Safeguarding is a shared responsibility across WBA, with clear roles and expectations in place to ensure that Adults at Risk are protected and supported effectively. While the Safeguarding Team provides leadership and expertise, all individuals involved in WBA activities have a duty to act in a way that safeguards the wellbeing of others. Clear accountability at all levels ensures that safeguarding is embedded into governance, decision-making, and day-to-day practice.

The following outlines the key safeguarding responsibilities across different roles within the organisation:

Board Safeguarding Lead

- Provide strategic oversight and assurance that safeguarding arrangements are effective and compliant with legislation and governing body requirements.
- Promote a strong safeguarding culture at Board level, ensuring that safeguarding remains a priority across the organisation.
- Offer appropriate challenge and scrutiny of safeguarding practice, policies, and performance.
- Ensure sufficient resources, training, and support are in place to deliver safeguarding responsibilities effectively.

- Receive and review safeguarding reports and updates, identifying trends, risks, and areas for improvement.

Head of Safeguarding & Welfare

- Lead the development, implementation, and continuous improvement of safeguarding policies, procedures, and frameworks.
- Act as WBA lead for safeguarding, providing expert advice and guidance to staff, volunteers, and senior leadership.
- Manage safeguarding concerns, allegations, and referrals, ensuring appropriate action is taken in line with statutory guidance.
- Liaise with external agencies, including Local Authorities, the Police, and governing bodies, to support safeguarding responses and partnership working.
- Oversee safeguarding training, ensuring staff and volunteers are appropriately trained and confident in their responsibilities.
- Monitor safeguarding activity, including audits, case management, and reporting, to ensure effective safeguarding practice.

All Staff and Volunteers

- Take responsibility for safeguarding by remaining vigilant to signs of abuse, neglect, or vulnerability.
- Report all safeguarding concerns promptly (within 24 hours) in line with WBA procedures and record them accurately on the MyConcern system.
- Always maintain appropriate professional boundaries and follow safer working practice guidance.
- Treat all individuals with respect, dignity, and fairness, promoting inclusive and safe environments.
- Engage with safeguarding training and apply learning in practice.
- Understand and adhere to all safeguarding policies, procedures, and codes of conduct.
- Seek advice from the Safeguarding Team where unsure and never assume that someone else will act.

Safeguarding Procedures for Staff, Volunteers, Third Parties and Sub-Contractors

Maintaining Professional Boundaries

Due to the position of trust, authority, and influence held by staff and volunteers, all individuals working on behalf of WBA are considered to be in a Relationship of Trust, as defined by Football Association regulations and safeguarding legislation. This places a clear responsibility on staff to always maintain appropriate professional boundaries when interacting with all those involved in WBA programmes (other staff, players, participants, parents and fans). These boundaries

are essential in creating safe, respectful, and transparent environments and in preventing situations where individuals may become vulnerable to harm, exploitation, or abuse.

Staff and volunteers must ensure that their actions, behaviour, and relationships always remain professional and appropriate, both within and outside of WBA activities. They must never misuse their position for personal benefit, emotional dependency, or any form of exploitation, whether intentional or unintentional. Any behaviour that could be perceived as inappropriate, overly familiar, or that blurs professional boundaries must be avoided. Maintaining professional boundaries is a shared responsibility and is fundamental to safeguarding, promoting trust, and protecting both those in our care and those working within the organisation.

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 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 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.

WBA will fully support anyone who in good faith shares concerns about the safety and welfare of an adult. WBA provides support to all those employed by the organisation whether in a paid or voluntary capacity in respect of their mental health through several 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 acted in a way 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 professionals need to be contacted 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.

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 as much as possible about how best to respond to their 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 & Welfare 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.

Act:

- 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 are expected to:

- Provide clear, concise and relevant information.
- Record information in an objective and professional manner.
- Record facts and 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 bruises or injuries. Never ask someone to remove or adjust their clothing to observe any bruises, marks or injuries. If more information is recalled later, 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 & Welfare or any member of the Safeguarding Team should be informed of any serious concern immediately.

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 policy 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:
    - Individuals 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 concern and to whom the information was referred.
- Your details as the referrer.

Reporting, Escalation and Whistleblowing

WBA is committed to promoting a culture of openness, transparency, and accountability, where staff and volunteers feel confident to raise safeguarding concerns and to challenge decisions where necessary. If any individual believes that a concern relating to the safety or wellbeing of an adult at risk has not been appropriately addressed, or that risk remains, they have a responsibility to escalate the concern without delay through internal safeguarding channels or, where appropriate, directly to external agencies.

WBA's Whistleblowing Policy provides a safe and confidential mechanism for staff and volunteers to raise concerns in good faith, including concerns about practice, conduct, or safeguarding arrangements. The organisation is committed to ensuring that individuals who raise concerns are supported and protected

from any form of victimisation or detriment. All concerns will be taken seriously, reviewed appropriately, and acted upon to ensure that safeguarding remains effective, responsive, and centred on protecting Adults at Risk.

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(ren) in the past will have continued and may still present a risk to vulnerable individuals.
- Criminal prosecutions can still take place, even though the allegations are non-recent in nature and may have taken place many years ago.

Risk Assessment

WBA recognises that effective safeguarding is underpinned by robust and ongoing risk assessment processes. All activities, environments, and events must be subject to appropriate health and safety and safeguarding risk assessments to identify potential hazards and vulnerabilities. This includes considering both physical risks and welfare risks, ensuring that appropriate control measures are implemented to create safe, inclusive, and well-managed environments for all participants.

Safeguarding risk assessment forms an integral part of this process, ensuring that risks relating to abuse, neglect, exploitation, or harm are identified and mitigated. This includes consideration of contextual factors such as the nature of the activity, the needs of the individuals involved, supervision levels, staffing arrangements, and any external influences that may increase vulnerability. Risk assessments must be dynamic and responsive, reviewed regularly, and updated where necessary to reflect changes in activity, environment, or emerging risks.

In addition to general and activity-based assessments, individual risk assessments will be undertaken where specific needs, vulnerabilities, or circumstances are identified. This may include adults with additional care and support needs, those experiencing mental health challenges, or individuals requiring reasonable adjustments. These assessments will be developed in partnership with the individual, and where appropriate, carers or external professionals, ensuring that support is person-centred, proportionate, and focused on promoting safety, wellbeing, and participation.

Confidentiality

All disclosures, safeguarding concerns, incidents, and allegations must be treated with the utmost seriousness and handled sensitively. WBA is committed to always maintaining appropriate confidentiality, ensuring that individuals feel safe and supported when raising concerns. Staff must not promise absolute confidentiality but should be clear that information may need to be shared to protect individuals from harm.

Confidentiality will be maintained by sharing information only with those who need to know to safeguard and support Adults at Risk. This includes members of the Safeguarding Team and, where appropriate, external agencies. Maintaining this balance between confidentiality and safeguarding is essential to ensure both trust and protection.

Data Protection

WBA is committed to ensuring that all safeguarding information is recorded, stored, and managed securely in line with the Data Protection Act 2018 and UK GDPR requirements. Appropriate systems and processes are in place to protect personal data from unauthorised access, misuse, or loss, ensuring that sensitive information is always handled with care and professionalism.

All staff must ensure that records are accurate, factual, and stored in accordance with WBA's Data Protection Policy. Further guidance on handling safeguarding information, including storage, retention, and security, is available within organisational policies or from the Head of Safeguarding & Welfare.

Information Sharing

Effective safeguarding relies on the timely, appropriate, and lawful sharing of information. WBA recognises that data protection legislation does not prevent the sharing of information where there is a need to safeguard adults at risk from harm. Concerns must never be delayed or withheld due to uncertainty about information sharing, and staff must always prioritise the safety and wellbeing of the individual when making decisions.

Information will be shared proportionately and on a strict need-to-know basis with relevant parties, including the Safeguarding Team, statutory agencies, and governing bodies where appropriate. While seeking advice is encouraged, staff should not allow uncertainty to prevent them from acting. The decision to share information will always be guided by safeguarding principles, ensuring that individuals are protected while respecting their rights and privacy wherever possible.

WBA recognises that adults may sometimes be reluctant to consent to the sharing of safeguarding information, often due to fear, coercion, dependency, or concerns about loss of control. In these situations, staff should seek advice from the Safeguarding Team and, where appropriate, provide reassurance and support to help the individual make informed decisions. Where there is a risk of significant harm, consent may not be required. When engaging with an adult

about information sharing, safeguarding staff will be guided by the considerations outlined below to ensure a person-centred, supportive, and proportionate approach.

- 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.



Appendix

Appendix A – Definitions

Appendix B – Types of Abuse

Appendix C – Abuse Indicators

Appendix D – How to Report Concerns

Appendix A – DEFINITIONS

Abuse - Abuse is a violation of an individual's human and civil rights by another person or persons. It may consist of a single act or repeated acts and can include acts of commission (e.g. physical harm) or omission (e.g. neglect or failure to act).

Activity - Any organised event, programme, or service delivered by or on behalf of WBA, including those involving children, young people, or Adults at Risk.

Adults at Risk - An adult aged 18 or over who has needs for care and support (whether or not those needs are being met), 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 the risk of, or experience of, abuse or neglect.

This may include individuals with learning disabilities, physical or sensory impairments, mental health needs, or those affected by their circumstances, such as domestic abuse. Vulnerability may vary over time depending on individual circumstances and available support.

Advocacy - Support provided to enable an individual to express their views, make decisions, and have their voice heard, particularly where they have difficulty doing so independently.

Best Interests - A principle under the Mental Capacity Act 2005 which requires that any decision made on behalf of an individual who lacks capacity must be made in their best interests, considering their wishes, feelings, beliefs, and values.

Capacity - Refers to an individual's ability to make a specific decision at the time it is required. Under the Mental Capacity Act 2005, individuals must be assumed to have capacity unless it is established otherwise, and all practicable steps must be taken to support them in making their own decisions.

Consent - An informed agreement to participate in an activity or decision-making process. In safeguarding, consent should be sought wherever appropriate; however, lack of consent does not prevent action where there is a risk of significant harm.

Professional Boundaries - The appropriate limits that define safe and respectful interactions between staff and individuals, preventing the misuse of power, influence, or trust.

Safeguarding Concern - Any information, disclosure, or observation which indicates that an adult may be at risk of abuse, neglect, or exploitation and requires further consideration or action.

Staff - Any individual engaged by WBA in a paid or unpaid capacity, including employees, volunteers, contractors, consultants, and third-party providers. All staff are expected to always adhere to safeguarding policies and procedures.

Wellbeing - A broad concept that includes personal dignity, physical and mental health, emotional wellbeing, protection from abuse, control over day-to-day life, and participation in work, education, and social activities.

Appendix B – TYPES OF ABUSE

Coercive and Controlling Behaviour - A pattern of behaviour used to dominate, isolate, or control another individual, often impacting their independence, freedom, and safety.

Criminal Exploitation - The exploitation of individuals to engage in criminal activity, including drug distribution networks such as County Lines, often involving coercion, control, or intimidation.

Cuckooing - A form of exploitation where an individual's home is taken over by others for criminal activity, often through coercion, threats, or manipulation.

Cyber or Online Abuse - Abuse that takes place through digital platforms, including harassment, coercion, exploitation, or exposure to harmful content.

Discriminatory Abuse - Abuse or harassment based on a person's protected characteristics, such as race, gender, disability, religion, sexual orientation, or age, resulting in unfair or less favourable treatment.

Domestic Abuse - Any incident or pattern of controlling, coercive, threatening, or violent behaviour between individuals in a personal or family relationship, including psychological, physical, sexual, financial, or emotional abuse.

Emotional or Psychological Abuse - Behaviour that causes emotional distress or undermines an individual's wellbeing, including intimidation, threats, humiliation, isolation, or controlling behaviour.

Financial or Material Abuse - The unauthorised or improper use of an individual's money, property, or resources, including theft, fraud, coercion, or financial exploitation.

Grooming - The process of building trust with an individual to manipulate, exploit, or abuse them, either in person or online.

Hazing - Any initiation activities or rituals that may cause physical, emotional, or psychological harm, whether consent is given or not.

Modern Slavery - The exploitation of individuals through slavery, servitude, forced labour, or human trafficking, often involving coercion, deception, or abuse of power.

Neglect and Acts of Omission - The ongoing failure to meet basic physical, emotional, or medical needs, including a failure to provide adequate care, supervision, or protection from harm.

Organisational Abuse - Poor care practices, neglect, or abuse within an organisation or care setting, including those in institutional, community, or activity-based environments.

Peer-on-Peer Abuse - Abuse that occurs between individuals of a similar age or status, including physical, sexual, emotional, or financial harm, as well as coercive or controlling behaviour.

Physical Abuse - The use of physical force that results in injury, harm, or trauma, including hitting, pushing, burning, misuse of medication, or inappropriate restraint.

Poor Practice - Behaviour that falls below expected safeguarding standards and compromises the welfare, safety, or dignity of individuals, which if unchallenged may lead to abuse.

Radicalisation - The process by which an individual is influenced to adopt extremist views or ideologies that may lead to harmful or unlawful behaviour.

Self-Neglect - The failure to care for one's own personal hygiene, health, or surroundings, including hoarding, which may result in harm or risk of harm.

Sexual Abuse - Any sexual activity or behaviour involving an adult at risk without their valid consent, including rape, sexual assault, harassment, inappropriate touching, or exposure to sexual materials or acts.

Sexual Exploitation - The abuse of an individual through coercion, manipulation, or deception into sexual activity in exchange for something, such as money, status, or perceived benefit.

Appendix C – ABUSE INDICATORS

Physical Abuse Indicators

- Unexplained injuries or those inconsistent with the explanation provided
- Patterns of bruising, burns, or marks (e.g. handprints, immersion burns)
- Injuries at different stages of healing
- Unexplained fractures, cuts, or injuries to body (e.g. face, genital area)
- Untreated or unattended medical conditions
- Flinching at physical contact or expressing fear of harm
- Reluctance to undress or expose parts of the body
- Avoidance of specific individuals or environments
- Sudden or unexplained change in physical function (e.g. mobility)
- Signs of restraint (e.g. rope marks, pressure marks)

Emotional / Psychological Abuse Indicators

- Increased anxiety, withdrawal, or fearfulness, around certain individuals
- Low self-esteem or negative self-perception
- Significant or unexplained changes in behaviour or daily routines
- Social isolation or withdrawal from usual activities
- Lack of opportunity to make choices or express views
- Difficulty maintaining eye contact or engaging in communication
- Signs of intimidation, control, or coercion by others

Neglect and Acts of Omission Indicators

- Poor personal hygiene, appearance, or living conditions
- Malnutrition, dehydration, or unexplained weight loss
- Inadequate clothing for weather or conditions
- Lack of necessities such as heating, lighting, or appropriate accommodation
- Failure to access or receive necessary medical care or medication
- Unsafe living conditions or exposure to risks
- Restricted access to visitors or support networks
- Being left alone or without appropriate supervision where support is required

Sexual Abuse Indicators

- Unexplained genital injuries, pain, itching, or bleeding
- Sexually transmitted infections or unexplained medical conditions
- Difficulty walking or sitting without clear explanation
- Torn, stained, or bloody clothing or undergarments
- Significant changes in sexual behaviour, awareness, or language
- Reluctance to be alone with specific individuals
- Withdrawal, distress, or noticeable change in behaviour
- Pregnancy where the individual lacks capacity to consent

Financial or Material Abuse Indicators

- Sudden or unexplained lack of money or inability to pay bills
- Changes in financial situation or living standards without clear explanation
- Missing belongings or possessions
- Unusual bank activity or unexplained withdrawals
- Individuals expressing interest in finances or assets without clear reason
- Lack of records, receipts, or awareness of finances managed by others
- Changes in financial arrangements (e.g. power of attorney, appointeeship)

Additional Contextual Indicators

These indicators may be relevant across multiple forms of abuse and should be considered alongside other observations:

- Sudden changes in behaviour, presentation, or relationships
- Increased secrecy or withdrawal, including around online activity
- Signs of coercion, control, or exploitation by others
- Evidence of substance misuse, criminal exploitation, or association with concerning individuals
- Unexplained changes in routines, communication, or engagement
- Indicators of online harm, including exposure to harmful content or contact with unknown individuals

HOW TO REPORT A CONCERN

Have you got a concern about an adult at risk or the way a staff member has treated or may have treated an adult at risk?

Inform the **Safeguarding Team** and complete the referral form in MyConcern.

If the concern is in relation to the Head of Safeguarding, then please inform the Board Safeguarding Lead (Mark Miles).

What happens next?

The information which you report to us will be treated seriously and dealt with accordingly. Any concern will be responded to and managed by the Head of Safeguarding and members of the Safeguarding Team.

Where appropriate we will work with external agencies and share the information with the Police, Local Authority Adult Services and relevant Football Authorities as required. We will always seek to work with those involved and to keep all parties informed and supported whilst any concerns are managed throughout of the progress of your shared.

Can I report anonymously?

Yes, you can report anonymously. Clearly, having the opportunity to gather as much information as possible and to clarify any concerns would be preferable but you may report whilst withholding your details.

What if I'm wrong?

We do not see sharing concerns as a high threshold that always means making an allegation. Never wait until you are certain. We would encourage you to seek advice and support at the earliest opportunity when most issues can be addressed and resolved. issue and deal with it, rather than potentially more serious concerns arise or harm occurs.

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REPORTING A CONCERN AGAINST A MEMBER OF STAFF OR VOLUNTEER

Safeguarding concern/ allegation is raised about the conduct or behaviour of a member of staff or volunteer

Is the allegation about the Head of Safeguarding?

YES

Inform the Board Safeguarding Lead immediately and make the referral as instructed

NO

Inform the Head of Safeguarding or Safeguarding Manager immediately and make the referral as instructed

The Head of Safeguarding (or Board Safeguarding Lead, if the allegation is about the Head of Safeguarding) will decide with the Board Safeguarding Lead and HR Business Partner, if the member of staff or volunteer has:

- Behaved in a way that has harmed, or may have harmed an adult or child
- Possibly committed a criminal offence against, or related to, an adult or child
- Behaved towards an adult or child in a way that indicates they may pose a risk of harm to children or adults with care and support needs
- Behaved or may have behaved in a way that indicates they may not be suitable to work with a adults at risk or children

YES

Head of Safeguarding (or Board Safeguarding Lead if required) to refer to Local Authority Designated Officer (LADO) and inform FA/PL/EFL within the same working day if possible.

HR Business Partner, Head of Safeguarding and relevant manager will decide whether to suspend the member of staff or volunteer pending the statutory investigations and inform LADO and the Police of the club's decision. The FA/PL/EFL will also be informed, where required.

Once any statutory investigations are concluded or where appropriate in parallel, the Club will undertake its investigation and decide what action/sanction should be taken against the staff member or volunteer. If the staff member or volunteer is removed from their role working in regulated activity, a referral will be made to DBS.

NO

Treated as poor practise.

If required, a full investigation and possible disciplinary action under the Club's disciplinary policy will follow and/or the Safeguarding Team will refer to the FA/PL/EFL as poor practise if meets the criteria.

ANY LEARNING AND RECOMMENDATIONS FROM THE CASE WILL BE IMPLEMENTED

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