



Safeguarding Adults at Risk Policy

November 2022





Foreword and Policy Introduction

Burnley Football Club and Burnley Football Club in the Community are committed to creating opportunities which enable adults at risk with care and support needsto participate in activities safely in accordance with the Care Act 2004. The participation of adults at risk may be as players, coaches, carers, employees, volunteers, officials, administrators or spectators.

We have a moral, legal and social responsibility to provide positive, enjoyable, safe environments for all those taking part in activities and we share a commitment to manage and respond to allegations of abuse, harassment or discrimination.

This policy will provide details of different types of abuse, guidance on consent and procedures for reporting and recording concerns.

Matt Williams
Chief Operating Officer
Burnley Football Club

Signed .

Date

Helen Gurman
Chief Executive Officer
Burnley FC in the Community

Signed .

Date

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Safeguarding Adults at Risk Policy Overview





Who we aim to protect?

Safeguarding 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 including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action. This must recognise that adults at risk sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances.

Whilst the key principles of this policy relate to safeguarding adults at risk who engage with us, it is worth recognising that this policy will also act to provide wider groups in our care.

For Clarity, the Care Act 2014 defines an adult at risk as someone aged 18 or over and:

- 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 could be:

- Adults at risk who are employed by BFC/BFCitC in any capacity, including all adult playing footballers.
- Adults at risk participating in events, activities or sessions organised by BFC/BFCitC
- Adults at risk attending BFC First Team or any Academy game as spectators
- Adults at risk who are visiting the Stadium, Academy or training ground for events/tours

Safeguarding Policy Overview

This policy is written to protect adults at risk of harm who engage with BFC/BFCitC in any capacity. For the purpose of this policy the risk of harm could be by virtue of physical and mental disabilities, learning difficulties or a temporary state of behaviour influenced by circumstances which make the adult involved temporarily vulnerable to harm (drug or alcohol use).

It acknowledges an adult at risk has the right to self-determination and therefore their right to refuse support or help, and that adults at risk can move in and out of vulnerability to harm depending on the circumstances around them.

It also explains an adults at risk right to consent in activities they undertake, and this may impact on reporting and management of allegations.

This policy will provide guidance and advice to ensure safeguards are in place to support adults at risk to participate safely and prevent harm occurring or re-occurring.

Definitions

Key Policy Terminology and Definitions:

Adult(s) at Risk – An adult is a person aged 18 or over, has need for care and support (whether or not those needs are being met) and is experiencing, or is at risk of, abuse or neglect and as a result of those needs is unable to protect him or herself against the abuse.

BFCitC - Refers to the Charity, Burnley FC in the Community, its workforce and all activities it undertakes. In certain circumstances it may also refer to third parties with an entrusted responsibility for delivering community-supported activity.

BFC – Refers to Burnley Football Club its workforce and all activities undertaken by the organisations or at these premises. In certain circumstances it may also refer to third parties with an entrusted responsibility for delivering club-supported activity.

The FA – Refers to the Football Association, the National Governing Body for Football in England.

Harm – The ill-treatment of an individual or impairment of their Welfare due to acts of Abuse or inappropriate behaviour including witnessing 3rd party abuse or inappropriate behaviour.

Local Authority – Refers collectively or individually when named to the district, borough, city and county councils that are responsible for governance of the county of Lancashire in which the Club/Charity operates.

Local Authority Safeguarding Board – Refers to the department within each Local Authority responsible for providing guidance, training and governance on all Safeguarding matters within their area of governance.

The English Football League (EFL) – Refers to the organisation responsible for governance and administration of English Football's highest ranked league, of which Burnley FC are current members

Safeguarding – Preventative and reactional measures taken by BFC/BFCitC to ensure; the risk of harm or mistreatment of vulnerable groups is minimised; the health or wellbeing of vulnerable groups is not impaired whilst engaging in our activities; an environment exists that supports the best possible outcomes or life chances for vulnerable groups.

Safeguarding Team – The collective group of staff within BFC/BFCitC that have a professional responsibility for the Safeguarding of Vulnerable Groups.

Staff – Refers to persons employed by and receiving payment for services from BFC/BFCitC. This is irrespective of the length or nature of their contract.

Volunteers – Persons who freely offer their skills and expertise or take part in a task, event or enterprise with the club or charity at their own expense in terms of time and/or resources.

Vulnerable Group(s) – The collective term used when talking about or referring to Children, Young People and Vulnerable Adults at risk as a whole.

Welfare – The health, happiness and fortunes of individuals and the humanitarian aspects of their life including personal needs, social interactions & physical or psychological development.

We/us – Refers to the combined entity created when staff, volunteers and/or third party contractors are deployed together to work on a Club or Charity activity, event or enterprise.

Principles and Aims of the Safeguarding Policy

We are confident that proactive, preventative work which includes safe recruitment, training, clear supportive policies and best practice guidance is sufficient to safeguarding all adults at risk, we acknowledge however that this is supported by the requirement for all staff and volunteers to embed this into daily working practice and to understand how to respond where abuse or harm may have occurred.

Our Key Principles are:

- All adults at risk, regardless of gender identity/reassignment, age, disability, sexual orientation, race or religion have the right to equal protection from abuse or harm
- That adults at risk will be listened to, valued and their decisions respected
- That allegations of abuse will be taken seriously and responded to appropriately
- To ensure that members of an adult at risk's family/carers have a positive engagement with BFC/BFCitC
- That our staff and volunteers will demonstrate positive role modelling for adults at risk they may come into contact with

The key aims are:

- To ensure that everyone is aware how we will safeguard the welfare of adults at risk and protect them from significant harm or abuse
- To inform all staff/volunteers to understand how to achieve best practice in the area of safeguarding adults at risk
- To inform staff/volunteers on how to make a report of suspected abuse and the process that will occur on receipt of this report
- To detail how we will ensure investigations and responses to concerns of abuse or harm will be undertaken
- To ensure we have learning outcomes from any investigations which will inform future practice and reduce the risk of future or further harm to adults at risk
- To establish a culture where safeguarding is understood and openly discussed
- To ensure we work with partner agencies to inform decisions and investigations
- To ensure that adults at risk are at the centre of decisions and supported to make themselves to ensure they have control about how they wish to live
- To prevent harm and reduce the risk of abuse or neglect to adults at risk with care and support needs.
- To promote an approach that concentrates on improving life for the adults at risk concerned.
- provide information and support in accessible ways to help people understand the different types of abuse, how to stay safe and what to do to raise a concern about the safety or well-being of an adult.

Equality and Diversity

Burnley FC and Burnley FC in the Community are committed to the principles of equality and strives to ensure that everyone who wishes to be involved in our Organisation whether as staff, trustees, volunteers, participants or as a general member of the public:

- Has a genuine and equal opportunity to do so without regard to their age, disability, gender reassignment/identify, marital or civil partnership status, pregnancy or maternity, race, religion and belief, sex and sexual orientation; and
- Can be assured of an environment in which their rights, dignity and individual worth are respected without threat of intimidation, victimisation, harassment, bullying or abuse.

BFC and BFCitC have an Equality and Diversity Policy which is monitored and reviewed annually as a minimum.

The Safeguarding Policy does not contradict the contents of the Equality and Diversity Policy.

A full copy of the Equality and Diversity Policy can be found on the link below on the Club Website and within the Polices section of the Club SharePoint site.

Safeguarding Adults at Risk – Types of Abuse and how to recognise it





Position of Trust

Those who have responsibility for, and authority and influence over, adults at risk are in relationships of trust with those in their care.

A relationship of trust is usually one which one party has power or influence over the other by virtue of their role or by the type of activity. It is, therefore, essential that those in the positions of responsibility understand the power that they may have over those in their care, and how they must behave as a consequence.

This means that those in a relationship of trust should not:

- Use their position to gain access to information relating to adults at risk for their own or any others advantage.
- Use their power to intimidate, threaten, coerce or undermine others
- Use their status or role to promote inappropriate relationships and understand that professional boundaries must always be maintained

Poor Practice

This occurs whenever staff or volunteers fail to provide the highest standards of care and support in their working practice. Poor practice which is allowed to continue can become abuse.

Poor practice is never acceptable and will be treated seriously with appropriate action, including (if necessary) disciplinary action. An individual may not be aware that poor practice or abuse is happening as some may deem this behaviour as acceptable.

The following are examples of poor practice, not limited to:

- Insufficient care is taken to avoid injuries, through excessive training or inappropriate session considering age, maturity, experience and ability of players
- Allowing abusive or concerning practice to go unreported (e.g. unfair criticism, bullying or ridicule of any kind)
- Allowing hazing or initiation to go unreported
- Placing adults at risk in compromising or uncomfortable positions by contacting them inappropriately or via social media
- Ignoring Health and Safety guidance
- Failure to adhere to Club and Governing Body codes of practice and guidance
- Giving continued and unnecessary preferential or negative treatment to individuals

What is risk/abuse – how do we recognise it?

We must consider the different types and patterns of abuse and neglect and the different circumstances in which they may take place.

The spectrum of abuse is huge, some types of abuse have obvious signs and others may be very difficult to detect, we must be aware that some individual concerns may not give cause for concern however may be significantly more worrying when considered together.

The Care Act 2014 recognises 10 categories of abuse in relation to adults at risk:

1. **Physical Abuse** – Including hitting, slapping, pushing, kicking, and deliberate misuse of medications, restraint or inappropriate sanctions.
2. **Psychological or emotional abuse** - Including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, verbal abuse, isolation or withdrawal from supportive networks.
3. **Sexual abuse** – Including rape and sexual assault or sexual acts to which the person has not or could not consent and/or was pressured into consenting.
4. **Neglect or acts of omission** – Ignoring medical and/or physical care needs, failure to provide access to health, social care or educational services, withholding necessities of life, e.g. medication, adequate nutrition and heating.
5. **Self-neglect** - Self-neglect covers a wide range of behaviour, neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding.
6. **Financial or material abuse** – Including theft, fraud, and exploitation – Wills, property, inheritance, possessions or benefits.
7. **Discriminatory abuse** - Unacceptable behaviour directed towards an adult at risk including harassment, slurs or similar treatment or because of race, gender and gender identity, age, disability, sexual orientation, religion.
8. **Modern slavery** - Modern Slavery encompasses slavery, human trafficking, forced and compulsory labour and domestic servitude.
9. **Organisational abuse** - Including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, or where care is provided within their own home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation. Organisational abuse is the mistreatment, abuse or neglect of an adult by a regime or individuals in a setting or service where the adult lives or that they use.
10. **Domestic violence and abuse** – are any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. The abuse can encompass, but is not limited to psychological, physical, sexual, financial or emotional and includes the more recent offence of coercive and controlling behaviour in intimate and familial relationships closes a gap in the law around patterns of coercive and controlling behaviour during a relationship between intimate partners, former partners who still live together.

Not included in the Care Act 2014 but also relevant:

Cyber Bullying – cyber bullying occurs when someone repeatedly makes fun of another person online or repeatedly picks on another person through emails or text messages, or uses online forums with the intention of harming, damaging, humiliating or isolating another person. It can be used to carry out many different types of bullying (such as racist bullying, homophobic bullying, or bullying related to special educational needs and disabilities) but instead of the perpetrator carrying out the bullying face-to-face, they use technology as a means to do it.

Forced Marriage – forced marriage is a term used to describe a marriage in which one or both of the parties are married without their consent or against their will. A forced marriage differs from an arranged marriage, in which both parties' consent to the assistance of a third party in identifying a spouse. The Anti-social Behaviour, Crime and Policing Act 2014 make it a criminal offence to force someone to marry. The forced marriage of adults at risk with learning disabilities occurs when the adult does not have the capacity to consent to the marriage.

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

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

Non-Recent Abuse

Non-recent child abuse, sometimes called historical abuse, is when an adult was abused as a child or young person under the age of 18. Sometimes adults who were abused in childhood blame themselves or are made to feel it's their fault. But this is never the case: **there is no excuse for abuse.**

Effects of non-recent abuse

Abuse can have a huge effect on health, relationships and education and can stop people from having the life they deserve, they might find it harder to cope with life's stresses, getting a job or parenting. They may also develop mental health problems and drug or alcohol issues.

The effects can be short term but sometimes they last into later life. If someone has been abused as a child, it's more likely that they'll suffer abuse again. This is known as revictimisation.

The long-term effects of abuse and neglect can include:

- emotional difficulties like anger, anxiety, sadness, or low self-esteem
- mental health problems like depression, eating disorders, self-harm or suicidal thoughts
- problems with drugs or alcohol
- disturbing thoughts, emotions, and memories
- poor physical health
- struggling with parenting or relationships.

Speak to a friend or family member

Thinking about talking to someone close to you about the abuse can seem frightening. You might not know where to start or may be worried about their reaction. It's important to choose someone you feel you can trust to provide a listening ear.

You don't have to tell them everything. Even if you say very little, speaking to them might help to lighten the load and help you think about what you want to do next.

Talk to NAPAC

NAPAC is the National Association for People Abused in Childhood. NAPAC's trained staff speak with survivors of any type of childhood abuse over the phone, exploring the options available to them such as support groups and counselling to help empower callers to move forward. Calls are confidential, free from UK landlines and mobiles and can be made anonymously.

NAPAC also supports family members, friends and professionals who are helping someone who was abused, advising them on who else can help.

The NAPAC website provides a wealth of information and advice, including a postcode searchable database which lists local trusted organisations who can offer free or low-cost on-going support.

Talk to your GP about seeing a counsellor

Talking to your GP might be helpful. They can refer you on to appropriate support, like counselling and let you know if the NHS has services for survivors in your local area.

You can also search for a private counsellor using the British Association for Counselling and Psychotherapy website. Finding the right counsellor for you can take time. If therapy hasn't helped you in the past, it might be better for you to try a different counsellor. Ask them whether they have experience of supporting adults who were abused in childhood.

Other support sites and services

- Survivors UK offers a range of support services to men who experienced childhood or adult sexual abuse.
- Rape Crisis England and Wales, Jersey, Scotland and Northern Ireland provide a directory of local support services.
- Samaritans is available around the clock 365 days of the year to provide confidential emotional support for people who are experiencing feelings of distress or despair.

Reporting non-recent abuse

It's never too late to report abuse you experienced. But you don't have to report it to anyone if you don't want to. And no one should pressure or force you to do anything you don't want to. Some people report non-recent abuse to stop the offender abusing others. Some find that reporting gives them a sense of closure and helps them to start moving on. If you do decide to, there are different ways to report you can consider.

- **Report to the police**

If you want to, you can speak to the police about what happened to you. You can report abuse to the police no matter how long ago it happened. You can start by calling 101 and briefly explaining what you're calling about. They'll make sure you're put through to the right team who can support you.

- **Speak to NSPCC**

It's normal to be anxious about reporting and worry about what might happen. If you don't feel comfortable contacting the police or want to find out more about your options, you can contact NSPCC. Call them on 0808 800 5000, email help@nspcc.org.uk or fill in their online form.

Any reports of non-recent abuse will follow our children's safeguarding reporting procedures.

Where could harm occur?

Harm may occur anywhere in BFC/BFCitC activity, or it can be reported to us when it has occurred outside of our activities.

There are complex scenarios including:

- Adults at risk playing, officiating, coaching, spectating or administering within a variety of activities with us. Adults at risk may be at risk of harm from other adults at risk who may or may not be vulnerable themselves. Those doing harm to the Adults at risk may be in an activity or elsewhere in the network. Harm may be deliberate or result from not understanding the Adults at risk needs (commission or omission).
- Adults at risk may be at risk of harming others either by deliberate behaviours or by failing to understand their responsibilities to others. On these occasions the Adult may need help and support to manage his or her behaviour in a suitable way or may need to have certain responsibilities removed from them. Safeguards may need to be put in place to protect others.
- Adults who have been 'at risk' in the past who are now 'not at risk', (example: people recovering from mental health issues). Where these adults are seeking positions of responsibility with us, but have criminal records or issues from their past, which are directly related to these periods of vulnerability, detailed risk assessments will be undertaken. Assessment of suitability for their new roles requires a specific knowledge base and sensitive handling. Whilst we promote a policy of inclusion, the risk assessments are conducted to measure the risk posed by somebody who is recovering from a previous period of vulnerability, considering other Adults and children who need safeguarding from possible harm, should the risk factors re-emerge.
- Adults at risk may also be at risk of harming themselves through failing to realise and report when they need additional or different support in activities.

**Procedures for
dealing with an
allegation or
disclosure –
including Making
Safeguarding Personal
and Mental Capacity
Act 2005.**





Creating an atmosphere where people feel safe to talk

If you have suspicions that abuse is taking place you must try and make sure that opportunity is given for the person to disclose what is happening and that they have confidence that they will be listened to, enabled to control decisions around them and that action will be taken if necessary. In our environment we must ensure that everyone understands we take their safety seriously and that they know how to get help and who to report abuse to.

The Six key principles of adult safeguarding

Under the Care Act there are six key principles which define how we deal with safeguarding in relation to adults at risk

- **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.”*

Responding to a Report or a suspicion of abuse

Where possible the Safeguarding Team should be contacted as early as possible, however it is recognised that an individual may need to respond to a situation immediately. With this in mind the following guidelines offer help and support in responding to abuse or a suspicion of abuse:

Do:

- If the Person is injured or not yet safe, take immediate action to help them by calling the relevant emergency service.
- Stay calm and try not to show shock.
- Listen carefully rather than question directly.
- Always treat all allegations seriously and act towards them as if you believe what they are saying.
- Tell them they are right to tell you and offer reassurance that they are not to blame.
- Be honest about your own position, who you need to tell and why.
- Tell them what you are doing and when and keep them up to date with what is happening.
- Listen to what they want to happen and include them in any decision making.
- Take further action – you may be the only person in a position to prevent future abuse.
- Write down what you have been told, (but don't let writing things down stop you from having eye contact as this may prevent the person talking to you).
- Seek medical attention if necessary.
- Inform the Head of Safeguarding or appropriate Safeguarding Officer.
- The Head of Safeguarding will contact the Adult Safeguarding team at the LA without their consent in certain circumstances, but their wishes will be made clear throughout.
- If a referral is made and they are reluctant to have the incidents investigated this fact will be recorded and brought to the attention of the Head of Safeguarding.
- Where appropriate record on a body map the location of any cuts, bruises or abrasions – see appendices.

Don't:

- Make promises not to tell anyone.
- Interrogate them – it is not your job to carry out an investigation – this will be up to the police and social workers, who have experience in this.
- Cast doubt on what they have told you, don't interrupt or change the subject.
- Say anything that makes them feel responsible for the abuse.
- Take photographs of any injuries.

DOING NOTHING IS NOT AN OPTION, IT IS YOUR RESPONSIBILITY TO ACT – Make sure you tell the Safeguarding Team immediately, they will know how to follow this up and where to go for further advice.

Recording of allegations or suspicions of abuse

The Head of Safeguarding will ask for a written factual statement from the person making the report.

If the report involves an allegation about another member of staff, that person will also be asked to write a brief report. Any statement made by the adult should be reported in their own words. These reports should be confined to facts and should not include any opinion, interpretation or judgment.

We must ensure that any adult concerned is immediately removed from any possible risk of harm.

Investigations into possible abuse will require careful management. The Head of Safeguarding will ordinarily be the person investigating although there will undoubtedly seek the support and guidance from professionals either working in football or the local authority. Support may also be required by Police. The parent/carer should only be informed with the consent of the adult at risk if they have capacity to consent in this situation. In any case of suspected abuse, as soon as the local Adults at Risk Department has been informed, Burnley Football Club must provide a report to the EFL's Head of Safeguarding and The Football Association Safeguarding Children & Adults at Risk Team.

The information needed

- Name, date of birth, address of the alleged victim
- Name, date of birth, address of the alleged perpetrator
- Who you are and how you are involved?
- What happened, where and when
- Action taken
- The current position including any concerns about safety of the alleged victim and any other person
- Who else is involved?
- How aware of the referral is the victim, perpetrator, carers or relatives
- Any known views of the alleged victim regarding how they wish the matter to be dealt with
- Who else has been informed?

Recording

- The following points should be considered in recording a disclosure or allegation
- Use black ink so it can be easily photocopied
- Ensure the report is legible
- Sign and date the report
- Note the time of day, date and location of the incident
- Describe how the disclosure came about
- Describe what happened and any injuries or consequences for the victim
- Where appropriate use a body map to indicate where there are cuts or bruises
- Keep the information concise and factual

Establishing the Alleged Victims Wishes

It is very important that you do not investigate the concerns, but the following guidance should be followed;

- Where there is no emergency there is an opportunity to check out the adult wishes in relation to the concern
- There is a need to establish who the victim would most like to talk to about the matter
- Liaise with the Head of Safeguarding or Safeguarding Officer
- The member of staff chosen must familiarise themselves with all the possible options and prior to the interview seek advice regarding the potential consequences of each option for the victim
- Remember the interview is only about establishing what the victim wishes to do about the incident and not about discussing the incident itself
- Important to allow the victim time to consider the options and if there is uncertainty offer to meet again
- If others are at risk of harm or a criminal offence has taken place you have to report, and this should be explained to the alleged victim

Ensuring the individual is in or is moved to a place of safety

It is essential that, whatever the nature of the suspected abuse, the adult is separated from the person who is or is thought to be producing the threat. It is important that disruption to the life of the victim is kept to a minimum, therefore, if it is possible for the alleged perpetrator to leave the scene, this should be the preferred option. However, if it is not achievable, an alternative place of safety should be sought as the immediate safety of the victim is the highest priority.

How to get help urgently

Emergency services should be summoned whenever a situation is felt to be beyond the control of members of staff. In addition, staff should have, readily available, all the contact numbers of the Head of Safeguarding, colleagues, Safeguarding Officers or other services which can assist in an emergency or urgent situation.

Role of staff supporting the alleged victim

Members of staff involved in supporting the alleged victim have a role in making sure the procedures are followed and that the victim is advised and supported. If a number of staff are involved, it may be convenient for one person to take the lead. The Head of Safeguarding will decide on this.

The role of the staff supporting the alleged victim includes the following:

- Ensuring the continued safety of and support to the abused person.
- Liaising with immediate colleagues who have been involved in order to gather all the available information together.
- Ensuring that evidence has been preserved.
- Collating and completing all written material relating to the incident.
- Reporting the matter to the Safeguarding Officer or Head of Safeguarding at the earliest opportunity.

IT IS NOT PART OF THE ROLE OF THE STAFF SUPPORTING THE VICTIM TO COMMENCE AN INVESTIGATION INTO THE INCIDENT

Role of the Head of Safeguarding or appointed Safeguarding Officer

For the purpose of the management of a safeguarding adult's situation, the Head of Safeguarding or Safeguarding Officer for the specific activity in which the incident or concern arises should be consulted. In the absence of the Head of Safeguarding or Safeguarding Officer, or if s/he is implicated in the abuse, the matter must be referred to the Senior Safeguarding lead in BFC or BFCitC. The Head of Safeguarding will have the responsibility for:

- Directly managing and supporting the staff involved in the situation.
- Ensuring that action taken is effective in providing immediate and ongoing protection to the Adult.
- Ensuring that practical and emotional support is available according to need.
- Reporting the incident to the Senior Safeguarding Lead
- Should a referral be required to the Local Authority Adult Safeguarding Team contact should be made by contacting Adult Safeguarding Team on 0800 123 6721.
- In the absence of the Head of Safeguarding, the Safeguarding officer will need to communicate with the Adult Safeguarding Team to ensure the procedure is correctly followed.
- Where an allegation is made against a member of staff or a volunteer at Burnley FC, the Head of Safeguarding will liaise with HR to invoke the Suspension procedures. The same will apply for staff within BFCitC
- HR team will take responsibility for ensuring that the appropriate support is offered to the person who is suspended.

There is always tension and caution around issues of confidentiality. The advice for all staff at BFC/BFCitC is that no guarantee of confidentiality can be given to adult (although this does not necessarily mean that the parents/carer have to be told initially).

An adult should never be pressured to give information or show physical marks unless they do so willingly. If they choose to show markings, two members of staff should be present.

There are actions which staff have to and are obliged to take once we are aware of a problem.

Undertakings of confidentiality should not be given either to the person making the allegations or to the person being interviewed. A matter is confidential on a need to know basis and nobody should have any reservations about referring a safeguarding adult's issue to a member of the Safeguarding Team. The key issue is that the welfare of the adult is protected.

Person centred Safeguarding.

When dealing with adults at risk we must include the human side, this basically means that adult safeguarding is person led and outcome focussed. It engages the person in a conversation about how best to respond to their safeguarding situation in a way that enhances involvement, choice and control. As well as improving quality of life, well-being and safety.

Wherever possible we must discuss safeguarding concerns with the adult to get their view of what they would like to happen and keep them involved in the safeguarding process, seeking their consent to share information outside of the organisation where necessary.

Wellbeing Principle

The concept of wellbeing is threaded throughout the Care Act 2014 and it is one that is relevant to adult safeguarding in sport and activity. Wellbeing is different for each of us however, the Act sets out broad categories that contribute to our sense of wellbeing. By keeping these themes in mind, we can all ensure that adult participants can take part.

Personal dignity (including treatment of the individual with respect)

- Physical and mental health and emotional wellbeing
- Protection from abuse and neglect
- Control by the individual over their day-to-day life (including over care and support provided and the way they are provided)
- Participation in work, education, training or recreation
- Social and economic wellbeing
- Domestic, family and personal domains
- Suitability of the individual's living accommodation
- The individual's contribution to society.

Mental Capacity Act 2005 (MCA)

People must be assumed to have capacity to make their own decisions and must be given all practicable help before we treat them as not being able to make their own decisions. Where an adult is found to lack capacity to make a decision then any action taken, or any decision made for, or on their behalf, must be made in their best interests.

We should consider some people are only able to make some decisions, and a small number of people cannot make any decisions. Being unable to make a decision is called "lacking capacity".

To make a decision we need to:

- Understand information
- Remember it for a period of time
- Think about the information
- Communicate our decision

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

The Mental Capacity Act 2005 (MCA) states that every individual has the right to make their own decisions and provides the framework for this to happen.

Ability to make a decision

Our Ability to Make Decisions Can Change Over the Course of a Day. Here are some examples that demonstrate how the timing of a question can affect the response:

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

In each of these examples, it may appear as though the person cannot make a decision. But later in the day, presented with the same decision, they may be able to at least be involved.

The MCA recognises that capacity is situational specific, so no one will be labelled as entirely lacking capacity. The MCA also recognises that decisions can be about big life-changing events, such as where to live, but equally about small events, such as what to wear on a cold day.

Understanding the Mental Capacity Act 2014

By understanding the MCA you will be able to understand how you may be part of the decision making process for a person. To help you to understand the MCA, consider the following five points:

1. Assume that people are able to make decisions, unless it is shown that they are not. If you have concerns about a person's level of understanding, you should check this with them, and if applicable, with the people supporting them.
2. Give people as much support as they need to make decisions. You may be involved in this – you might need to think about the way you communicate or provide information, and you may be asked

your opinion.

3. People have the right to make unwise decisions. The important thing is that they understand the implications. If they understand the implications, consider how risks might be minimised.
4. If someone is not able to make a decision, then the person helping them must only make decisions in their “best interests”. This means that the decision must be what is best for the person, not for anyone else. If someone was making a decision on your behalf, you would want it to reflect the decision you would make if you were able to.
5. Find the least restrictive way of doing what needs to be done.

Making Decisions

When a person needs help to make a specific decision, the following should be considered before a decision can be made in their best interests:

- The individual needs all the relevant information to make the decision.
- If there is a choice of options, has information been provided on the alternatives?
- The communication needs of the individual must be taken into account, and the information must be presented in a way that makes sense to them.
- Different communication methods must be explored, including obtaining professional or carer advice and support.
- The risks and benefits must be considered for any decision.

Appendices





Signs and indicators of abuse

Abuse can take place in any context and by all manner of perpetrator. Abuse may be inflicted by anyone in the club who an adult at risk comes into contact with, but staff may also suspect that a Player is being abused or neglected outside of the club setting. There are many signs and indicators that may suggest someone is being abused or neglected, these include but are not limited to:

- Person is not attending / no longer enjoying their sessions. you may notice that a participant in a team has been missing from practice sessions and is not responding to reminders from staff.
- Someone losing or gaining weight / an unkempt appearance. this could be a participant whose appearance becomes unkempt, does not wear suitable sports kit and deterioration in hygiene.
- A change in the behaviour or confidence of a person. For example, a participant may be looking quiet and withdrawn when their brother comes to collect them from sessions, in contrast to their personal assistant whom they greet with a smile.
- They may self-harm.
- They may have a fear of a particular group or individual.
- They may tell you / another person they are being abused – i.e. a disclosure.
- Harassing of a participant because they are or are perceived to have protected characteristics.
- Not meeting the needs of the participant. E.g. this could be training without a necessary break.
- A member of staff intentionally striking a participant.
- This could be a fellow participant who sends unwanted sexually explicit text messages to another adult at risk they are training alongside.
- This could be a participant threatening another participant with physical harm and persistently blaming them for poor performance.

More specific indicators could also be:

Possible 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

Possible indicators of psychological or emotional abuse

- An air of silence when a particular person is present
- Withdrawal or change in the psychological state of the person
- Insomnia
- Low self-esteem
- Uncooperative and aggressive behaviour
- A change of appetite, weight loss/gain
- Signs of distress: tearfulness, anger
- Apparent false claims, by someone involved with the person, to attract unnecessary treatment

Possible indicators of sexual abuse

- Bruising, particularly to the thighs, buttocks and upper arms and marks on the neck
- Torn, stained or bloody underclothing
- Bleeding, pain or itching in the genital area
- Unusual difficulty in walking or sitting
- Foreign bodies in genital or rectal openings
- Infections, unexplained genital discharge, or sexually transmitted diseases
- Pregnancy in a woman who is unable to consent to sexual intercourse
- The uncharacteristic use of explicit sexual language or significant changes in sexual behaviour or attitude
- Incontinence not related to any medical diagnosis
- Self-harming
- Poor concentration, withdrawal, sleep disturbance
- Excessive fear/apprehension of, or withdrawal from, relationships
- Fear of receiving help with personal care
- Reluctance to be alone with a particular person

Possible 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

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
- Neglecting household maintenance
- Hoarding
- 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

Possible indicators of financial or material abuse

- Missing personal possessions
- Unexplained lack of money or inability to maintain lifestyle
- Unexplained withdrawal of funds from accounts
- Power of attorney or lasting power of attorney (LPA) being obtained after the person has ceased to have mental capacity
- Failure to register an LPA after the person has ceased to have mental capacity to manage their finances, so that it appears that they are continuing to do so
- The person allocated to manage financial affairs is evasive or uncooperative
- The family or others show unusual interest in the assets of the person
- Signs of financial hardship in cases where the person's financial affairs are being managed by a court appointed deputy, attorney or LPA
- Recent changes in deeds or title to property
- Rent arrears and eviction notices
- A lack of clear financial accounts held by a care home or service
- Failure to provide receipts for shopping or other financial transactions carried out on behalf of the person
- Disparity between the person's living conditions and their financial resources, e.g. insufficient food in the house
- Unnecessary property repairs

Possible indicators of discriminatory abuse

- The person appears withdrawn and isolated
- Expressions of anger, frustration, fear or anxiety
- The support on offer does not take account of the person's individual needs in terms of a protected characteristic

Possible indicators of modern slavery

- Signs of physical or emotional abuse
- Appearing to be malnourished, unkempt or withdrawn
- Isolation from the community, seeming under the control or influence of others
- Living in dirty, cramped or overcrowded accommodation and or living and working at the same address
- Lack of personal effects or identification documents
- Always wearing the same clothes
- Avoidance of eye contact, appearing frightened or hesitant to talk to strangers
- Fear of law enforcers

Possible indicators of organisational or institutional abuse

- Lack of flexibility and choice for people using the service
- Inadequate staffing levels
- People being hungry or dehydrated
- Poor standards of care
- Lack of personal clothing and possessions and communal use of personal items
- Lack of adequate procedures
- Poor record-keeping and missing documents
- Absence of visitors
- Few social, recreational and educational activities
- Public discussion of personal matters
- Unnecessary exposure during bathing or using the toilet
- Absence of individual care plans
- Lack of management overview and support

Possible indicators of domestic violence or abuse

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

Consent and Information Sharing

BFC and BFCitC will always share safeguarding concerns in line with our Safeguarding policy, this must be done through the Safeguarding Team in the first instance, except in an emergency when Police/statutory services should be contacted immediately. As long as it does not increase the risk to the individual, we should explain to them that it is your duty to share the concern with your safeguarding lead or welfare officer.

The Safeguarding Team will then consider the situation and plan the actions that need to be taken, in conjunction with the adult at risk and in line with our policy and procedures and local Safeguarding Adults at Risk Board policy and procedures.

Referrals to the Adult Safeguarding Team must be made through the Head of Safeguarding, although in their absence can be made by anyone. A discussion will be held with the safeguarding adult's team without disclosing the identity of the person in the first instance. If it is thought that a referral needs to be made to the safeguarding adult's team, consent should be sought where possible from the adult at risk.

Individuals may not give their consent to the sharing of safeguarding information with the safeguarding adult's team for a number of reasons. Reassurance, appropriate support and revisiting the issues at another time may help to change their view on whether it is best to share information.

If someone does not want you to share information outside of the organisation or you do not have consent to share the information, ask yourself the following questions:

- Is the adult placing themselves at further risk of harm?
- Is someone else likely to get hurt?
- Has a criminal offence occurred? This includes theft or burglary of items, physical abuse, sexual abuse, forced to give extra money for lessons (financial abuse) or harassment.
- Is there suspicion that a crime has occurred?

If the answer to any of the questions above is 'yes' - then you can share without consent and need to share the information.

Golden Rules

When sharing information there are seven Golden Rules that should always be followed.

1. **Seek advice** if in any doubt.
2. **Be transparent** - The Data Protection Act (DPA) is not a barrier to sharing information but to ensure that personal information is shared appropriately; except in circumstances whereby doing so places the person at significant risk of harm.
3. **Consider the public interest** - Base all decisions to share information on the safety and well-being of that person or others that may be affected by their actions.
4. **Share with consent where appropriate** - Where possible, respond to the wishes of those who do not consent to share confidential information. You may still share information without consent, if this is in the public interest.
5. **Keep a record** - Record your decision and reasons to share or not share information.
6. **Accurate, necessary, proportionate, relevant and secure** - Ensure all information shared is accurate, up to date; necessary and share with only those who need to have it.
7. **The Data Protection Act (DPA)** is to ensure personal information is shared appropriately, except in circumstances whereby doing so may place the person or others at significant harm.

Confidentiality and record keeping

Concerns about an adult at risk must be given as soon as practically possible but within 24 hours, either electronically or in writing on MyConcern.

Normally personal information should only be disclosed to third parties, including other agencies, with the consent of the subject of that information. Wherever possible, consent should be obtained before sharing personal information with third parties. In some circumstances, consent may not be possible or desirable, but the safety and welfare of an adult dictate that the information should be shared. Disclosure should be justifiable in each case, according to the particular facts of each case and legal advice should be sought if in doubt.

Well-kept records are essential to good safeguarding practice. The Club is clear about the need to record any concerns about an adult at risk within Club/Community activities, the status of such records and when these records, or parts thereof, should be shared with other agencies.

The Club has MyConcern to record concerning issues about the welfare or behaviour of an adult or staff member.

Record Keeping and Data Storage

The importance of good record making and keeping is essential in safeguarding, this shows the original concern and actions taken to deal with the issue, good recording helps us to:

- Identify of patterns of concern which may need ongoing intervention or group training.
- Monitor and manage our safeguarding practice to provide evidence in audit of our robust effective safeguarding policy and procedures.

All safeguarding records are sensitive and will be managed in accordance with data protection legislation on a central record which is fully compliant with GDPR.

We will follow all relevant Data protection legislation when collecting data during activities, we will store data appropriately and destroy within recommended timescales.

Before we gather data for use in relation to marketing or photos/videos which may be used for marketing, we will always obtain consent.

Data Protection

Where, in the judgement of the Head of Safeguarding, an adult is thought to be at risk, consent is not required however decisions to share personal data without consent, in relation to a concern must be recorded on MyConcern on the specific case of the concern raised.

Data relating to safeguarding concerns will be retained securely until 30 years after the end of the activity, e.g. contract end, legal resolution or last entry in register. An extended retention is in force for safeguarding records due to the ongoing independent inquiry into child sexual abuse, where the average time to report a concern is 26 years. In exceptional circumstances this can be extended:

- The records provide information about an adult's history which they may wish to access later
- The information in the records is relevant to legal action which has started but not concluded
- The records are archived for historical reasons as they are relevant to organisational legal proceedings

Personal data stored in relation to a safeguarding concern should include any necessary information to inform practice and responses and minimise risk to adults at risk. Any errors which are made when making a recording related to safeguarding must be corrected and notes made to support the reason for the change, all data recorded in relation to safeguarding is processed and stored securely on a MyConcern with access restricted to those with actions or safeguarding responsibility.

[This guidance is made under the requirements of the GDPR 2018, the Data Protection Act 2018.](#)

Working with Partners or External Agencies and Companies

We have developed positive, effective relationships with our partners and external agencies and companies, this will support us to ensure that our safeguarding obligations are reflected and embedded in these relationships. To ensure this is done thoroughly all area and activity leads should speak to the safeguarding Team prior to planning an activity which may involve adults at risk at risk.

The use of a Service Level Agreement making thorough reference to safeguarding provision and/or the completion of the Check and Challenge Tool, will ensure that we assess the level of safeguarding and partner suitability, using our policy as a standard and measuring partners, external agencies and companies against this. Demonstrating a specific procedure for handling safeguarding concerns, sharing important contact details and being clear in the expectations is key to achieving this.

Safe Recruitment

Recruitment will be in line with our policy (available separately), which states that:

- A clear job and person specification are available as part of the advertisement for the job
- A full interview will be completed with questions relevant to experience included
- the offer of contract will be made subject to DBS disclosure relevant to job role
- 2 references including one from the previous employer will be sought
- Recruitment staff are adequately trained and supported during the recruitment process

As part of this procedure a full induction will be completed with all staff which will include familiarisation with this Policy and their individual safeguarding responsibility.

Use of Images

BFC and BFCitC takes its guidance on the use of images from guidelines issued by the FA, Premier League and EFL. All photographs are taken by persons who have been briefed by the Manager responsible for the activity being photographed and do so in line with our codes of conduct.

- Before taking photographs of adults at risk, the person's consent is sought in writing prior to the event.
- The adult will be informed of how the image will be used. The person running the activity will not allow an image to be used for something other than that for which it was initially agreed.
- All Adults at risk featured in publications will be appropriately dressed.
- Where possible, the image will focus on the activity taking place and not a specific adult.
- Where appropriate, images represent the broad range of users participating safely in football.
- Designated photographers will undertake a DBS check, attend training and will be personally responsible for keeping up to date with the latest guidelines on the Use of Images policy. Identification will be worn at all times.
- Adults at risk who are under a court order will not have their images published in any document.
- No images of adults at risk featured in publications will be accompanied by personal details.
- Any instances of inappropriate images in football should be reported to the Designated Person and the police without delay.

Relevant Policies

This policy should be read in conjunction with the following policies

- Whistle Blowing
- Online Safety Policy
- Multi Media Policy
- Safeguarding Children Policy

Legislation

Sexual Offences Act 2003 www.legislation.gov.uk/ukpga/2003/42/contents

The Sexual Offences Act introduced a number of new offences concerning vulnerable adults at risk and children. www.opsi.gov.uk

Mental Capacity Act 2005

www.legislation.gov.uk/ukpga/2005/9/introduction

Its general principle is that everybody has capacity unless it is proved otherwise, that they should be supported to make their own decisions, that anything done for or on behalf of people without capacity must be in their best interests and there should be least restrictive intervention.

www.dca.gov.uk

Safeguarding Vulnerable Groups Act 2006 www.legislation.gov.uk/ukpga/2006/47/contents

Introduced the new Vetting and Barring Scheme and the role of the Independent Safeguarding Authority. The Act places a statutory duty on all those working with vulnerable groups to register and undergo an advanced vetting process with criminal sanctions for non-compliance.

www.opsi.gov.uk

Deprivation of Liberty Safeguards

www.gov.uk/government/collections/dh-mental-capacity-act-2005-deprivation-of-liberty-safeguards

Introduced into the Mental Capacity Act 2005 and came into force in April 2009. Designed to provide appropriate safeguards for vulnerable people who have a mental disorder and lack the capacity to consent to the arrangements made for their care or treatment, and who may be deprived of their liberty in their best interests in order to protect them from harm.

Disclosure & Barring Service 2013 www.gov.uk/government/organisations/disclosure-and-barring-service/about

Criminal record checks: guidance for employers - How employers or organisations can request criminal records checks on potential employees from the Disclosure and Barring Service (DBS). www.gov.uk/dbs-update-service

The Care Act 2014 – statutory guidance www.legislation.gov.uk/ukpga/2014/23/introduction/enacted

The Care Act introduces new responsibilities for local authorities. It also has major implications for adult care and support providers, people who use services, carers and advocates. It replaces No Secrets and puts adult safeguarding on a statutory footing.

Making Safeguarding Personal Guide 2014

www.local.gov.uk/documents/10180/5852661/Making+Safeguarding+Personal+-+Guide+2014/4213d016-2732-40d4-bbc0-d0d8639ef0df

This guide is intended to support councils and their partners to develop outcomes-focused, person-centred safeguarding practice.

Useful Contacts

Gary Russell - Head of Safeguarding for BFC and BFCitC

07435 946 205

g.russell@burnleyfc.com

Sharon Swindells – Safeguarding Manager for BFCitC

07809 902145

s.swindells@burnleyfc.com

Mel Howarth – Academy Safeguarding Officer

melanie.howarth@burnleyfc.com

Alex Richards – Head of EFL Safeguarding

a.richards@EFL.com

The FA Safeguarding Team

Safeguarding@TheFA.com

Lancashire Adult Safeguarding Team - 0300 1230 6720/6722

Lancashire Adult Safeguarding Board - 01772 538357

Ann Craft Trust - 0115 951 5400

Karma Nirvana - forced marriage and honour-based abuse - 0800 5999 247

NSPCC - historical abuse support - 0808 800 5000

National Domestic Violence Helpline - 0808 2000 247

Men's Advice Line - 0808 801 0327

GALOP – LGBT anti-violence and abuse support - 0300 999 5428

Lancashire Victim Services - 0300 323 0085

NAPAC - 0808 801 0331

Carers UK - 0207 378 4999

Survivors UK - 0203 598 3898

Minds matter - 01282 657268

Mencap - 0808 808 111

Rape Crisis - 0808 802 9999

Samaritans - 0845 790 9090

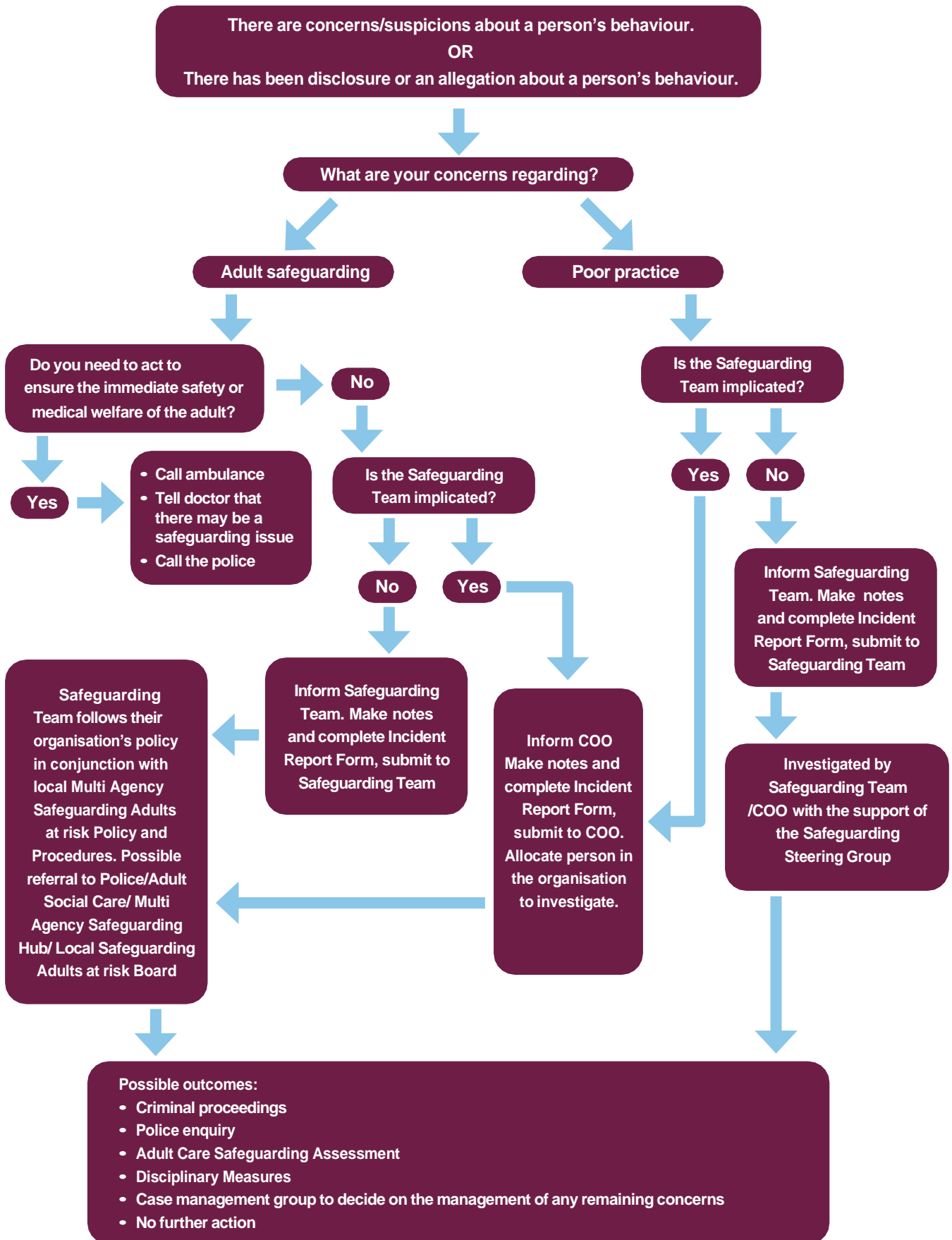
Respect - 0808 8024640

Mental Health Crisis Team - 24-hour support - 01282 628455/657222

NHS Mental Wellbeing helpline - 0800 915 4640 or text 'hello' to 07860 022846

Care Quality Commission - 03000 61616

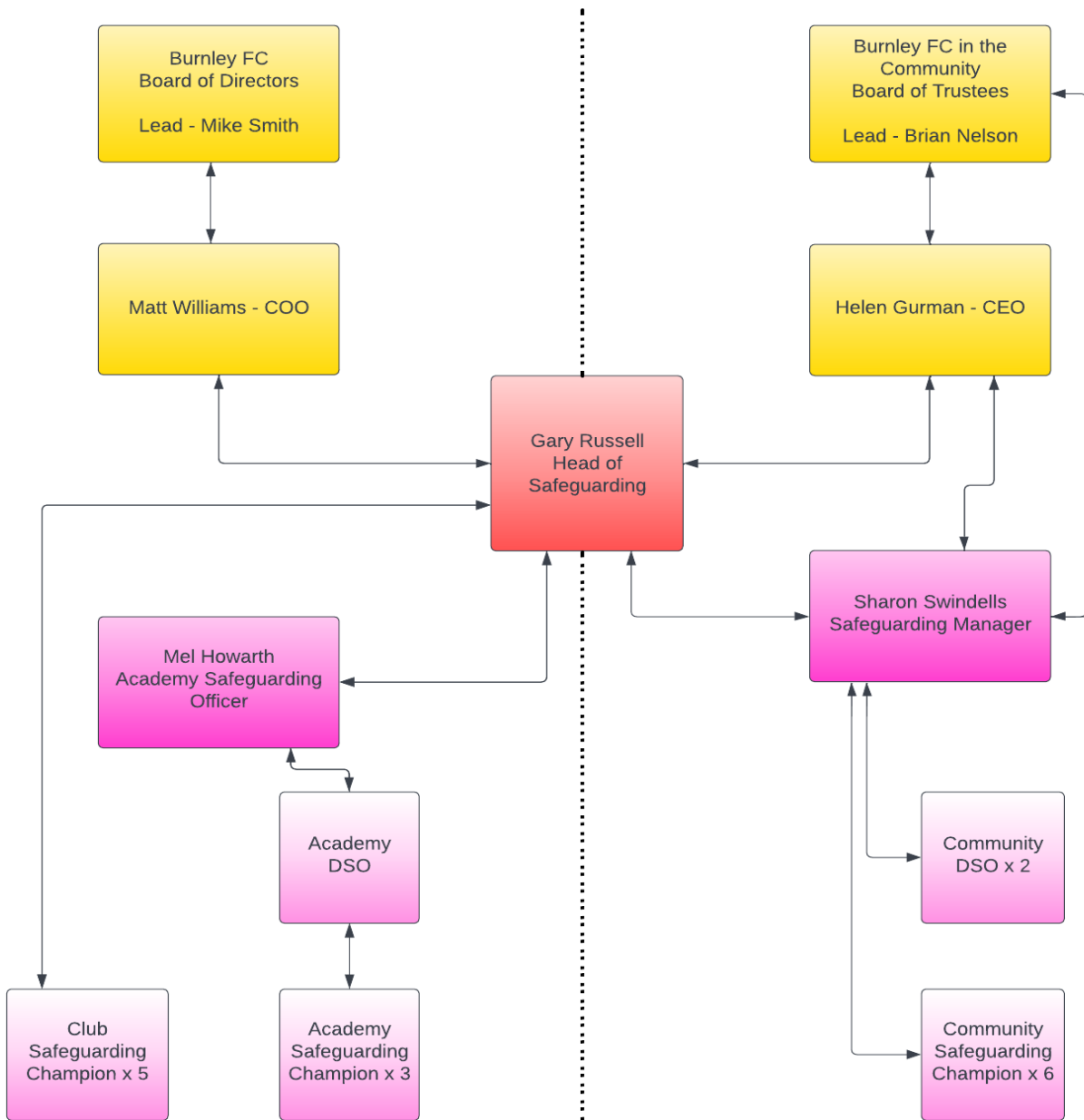
Reporting Allegations Flowchart



Remember to involve the adult at risk throughout the process wherever possible and gain consent for any referrals to social care if the person has capacity

Safeguarding Structure

Burnley FC and Burnley FC in the Community Safeguarding Structure



Should a concern be raised about the Head of Safeguarding you should contact either:

BFC Matt Williams - Chief Operating Officer m.williams@burnleyfc.com

BFCitC – Helen Gurman - Chief Executive – h.gurman@burnleyfc.com

EFL - Head of Safeguarding – Alex Richards – arichards@efl.com

You should give full details of your concern and they will support to deal with matters raised.



**ONE CLUB
FOR ALL**

