

TOTTENHAM HOTSPUR

Safeguarding Adults Policy

Foreword

This Safer Recruitment policy (“policy”) applies to Tottenham Hotspur Football and Athletic Co. Limited (known as ‘the Club’) and to its Group Companies, Tottenham Hotspur Football Club (trading name), Tottenham Hotspur Foundation (a registered charity – known as ‘the Foundation’) and Tottenham Hotspur Women Football Club Ltd. Any references to ‘the Club’ are therefore intended to apply to the Club, any of its Group Companies, including the Foundation and to the Tottenham Hotspur Women’s team.

The board of directors of the Club and Trustees of the Foundation endorse this Policy as part of the Club’s constitution and commitment to Safeguarding.

Matthew Collecott

Strategic Safeguarding Lead
Board of Directors of the Club
Trustee of the Foundation

Effective Date of Policy: January 2026
Policy Owner/Lead: Head of Safeguarding
Review Date: January 2027

Introduction

Tottenham Hotspur Football Club are strongly committed to protecting and promoting the welfare, safety, and well-being of adults at risk. Safeguarding is a shared responsibility and a fundamental value that underpins all activities whether delivered by Club staff, partners or external providers. The Club are committed to safeguard and simultaneously promote Adult wellbeing. This includes, where appropriate, having regards for the views, wishes, feelings and beliefs of Adults when deciding on any action.

The Club’s Safeguarding Children and Safeguarding Adults policies are to be read together. These ensure the safety and protection of vulnerable groups.

The Club is committed to safeguarding Adults in line with national legislation and relevant national and local guidelines. The Club will safeguard all Adults by ensuring that the Club’s activities are delivered in a way which keeps all Adults safe, and in line with the Premier League’s Safeguarding Guidance.



Purpose

The purpose of this Policy is to demonstrate the commitment of the Club to safeguarding Adults and to ensure that everyone involved in the Club is aware of:

- the legislation, policy and procedures for safeguarding Adults;
- their role and responsibility for safeguarding Adults; and
- what to do or who to speak to if they have a concern relating to the welfare or wellbeing of an Adult within the Club.

The aim is to create a culture of zero-tolerance of harm to Adults, this is achieved by ensuring all staff:

- **Recognise** Adults who may be at risk of abuse or neglect;
- **Respond** appropriately to reports of abuse and neglect;
- **Record** their observations, interactions and concerns;
- **Report** safeguarding concerns.

The Club recognises that harm can be experienced anywhere, including within activities taking place at our venues, within other organised community or voluntary activities, at our locations, in the community, in the person's own home and in any care setting.

The Club is committed to best safeguarding practice and to uphold the rights of all Adults to live a life free from harm from abuse, exploitation and neglect.

Safeguarding Adult Responsibilities

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, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action. 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.

The Care Act (2014) defines an adult at risk as a person aged over 18 who:

- has needs for care and support (whether or not the local authority is meeting any of those needs) and;



- is experiencing, or at risk of, abuse or neglect; and
- as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.

Policy Statement

Actions taken by Club will be consistent with the principles of Adult safeguarding ensuring that any action taken is prompt, proportionate and that it includes and respects the voice of the Adult concerned.

The Club:

- believes everyone has the right to live free from abuse or neglect regardless of age, ability or Disability, sex, race, religion, ethnic origin, sexual orientation, marital or gender status;
- is committed to creating and maintaining a safe and positive environment and an open, listening culture where people feel able to share concerns without fear of retribution;
- acknowledges that safeguarding is everybody's responsibility and is committed to prevent abuse and neglect through safeguarding the welfare of all Adults involved;
- recognises that health, well-being, ability, Disability and need for care and support can affect a person's resilience. We recognise that some people experience barriers, for example, to communication in raising concerns or seeking help. We recognise that these factors can vary at different points in people's lives; and
- recognises that there is a legal framework within which sports need to work to safeguard Adults who have needs for care and support and for protecting those who are unable to take action to protect themselves and will act in accordance with the relevant safeguarding Adult legislation and with local statutory safeguarding procedures.

Scope

Although the definition of an Adult at Risk is defined by the Care Act (as above) the Club recognises its wider duty of care and extends its responsibility to protect all adults from being exposed to harm when engaging with the Club as staff, visitors, participants and players.

Where the statutory definition of an Adult at Risk is met, the Club will work with the relevant authority and/or agency to ensure legal processes are followed.

This Policy and associated procedures apply to all individuals involved in The Club, including Board members, Staff (permanent, casual, contractors, third-parties, consultants, etc),



volunteers and fans/supporters, and to all concerns about the safety of Adults whilst taking part in our Club, its activities and in the wider community.

We expect our partner organisations, including for example, affiliated clubs, suppliers and sponsors to adopt and demonstrate their commitment to the principles and practice as set out in this Policy and associated procedures.

This Policy outlines the Clubs responsibility to Adults at Risk, including:

- Adults at risk who are employed by the Club in any capacity.
- Adults at risk participating in events, activities or sessions organised by the Club and our Charitable Foundation.
- Adults at risk attending any Club game or other Stadium Event as spectators.
- Adults at risk who are visiting the Stadium or Training Centre for events, tours or meetings.
- Adults at risk who are being visited by players or staff from the Club.

Commitments

In order to implement this Policy, the Club will ensure that:

- Everyone involved with the Club is aware of the safeguarding Adult procedures and knows what to do and who to contact if they have a concern relating to the welfare or wellbeing of an Adult.
- Any concern that an Adult is not safe is taken seriously, responded to promptly, and followed up in line with this Policy and the associated procedures.
- The well-being of those at risk of harm will be put first and the Adult actively supported to communicate their views and the outcomes they want to achieve. Those views and wishes will be respected and supported unless there are overriding reasons not to (see the Safeguarding Adults Procedures).
- Any actions taken will respect the rights and dignity of all those involved and be proportionate to the risk of harm.
- Confidential, detailed and accurate records of all safeguarding concerns are maintained and securely stored in line with our Data Protection Policy.
- The Club acts in accordance with best practice advice, for example, from Sport England, the Football Association and the Premier League.
- The Club will cooperate with the Police and the relevant Local Authorities in taking action to safeguard an Adult.



- All Board members, Staff, officials and volunteers understand their role and responsibility for safeguarding Adults and have completed and are up to date with safeguarding Adult training and learning opportunities appropriate for their role.
- The Club uses safe recruitment practices and continually assesses the suitability of volunteers and staff to prevent the employment/deployment of unsuitable individuals in this Club and within the sporting community.
- The Club shares information about anyone found to be a risk to Adults with the appropriate bodies. For example: Disclosure and Barring Service, Police, Local Authority/Social Services.
- When planning activities and events the Club includes an assessment of, and risk to, the safety of all Adults from abuse and neglect and designates a person who will be in attendance as a safeguarding lead for that event.
- This policy and any related policy and procedure will be reviewed annually.



Safeguarding Contacts

Title/Role	Name	Contact Details
Safeguarding Team		safeguarding@tottenhamhotspur.com
Head of Safeguarding and Welfare	Amy McLeod	amy.mcleod@tottenhamhotspur.com 07786 186824
Safeguarding Manager - Foundation	Blake Davison	blake.davison@tottenhamhotspur.com 07353 113316
Safeguarding Manager – Women and Girls	Jenny Edwards	Jenny.edwards@tottenhamhotspur.com 07771 179001
Senior Safeguarding Manager – Boys Academy	Katie Dalzell	katie.dalzell@tottenhamhotspur.com 07392_080266
Safeguarding Manager-Global Football Development	Lauren Cotton	Lauren.cotton@tottenhamhotspur.com 07384117643
Events Safeguarding Coordinator	Deborah Harrison	deborah.harrison@tottenhamhotspur.com 07345 425581

Other Relevant Policies

- Safeguarding Children
- Allegations Against Staff
- Low Level Concerns
- Safer Recruitment



Safeguarding Adults Procedure

Introduction

This procedure is based on the legal duties that apply to the Club as set out in the Care Act (2014) and the supporting statutory guidance.

The Care Act (2014) outlines six principles to safeguard adults:

1. **Empowerment** – In responding to risk, the Club will support and encourage adults to make their own decisions and give informed consent, we will ensure that adults at risk have their voice heard.
2. **Prevention**: The Club is committed to taking action to prevent harm, abuse, or neglect before it happens, rather than just reacting to it.
3. **Proportionality**: The Club will ensure the response to a risk is the least intrusive and most appropriate to the situation, respecting the individual's wishes.
4. **Protection**: The Club will provide support and representation for those who are most vulnerable and in greatest need of intervention.
5. **Partnership**: The Club will work together with communities and local services to create solutions and prevent abuse.
6. **Accountability**: The Club will ensure transparency and take responsibility for safeguarding practices and outcomes.

Purpose

The above principles provide a framework with which all staff are expected to adhere, they form the basis of this policy, which sets out to:

- **Recognise** risks to adults, in accordance with the Care Act (2014) and the Clubs duty of care;
- **Respond** appropriately taking into account the wishes of the Adult;
- **Record** their concerns and interactions using My Concern where possible;
- **Report** concerns proportionately, escalating as required to the relevant authorities (as defined in legislation and FA rules and regulations).



Recognising Risks to Adults

Abuse is a violation of an individual's human and civil rights by another person or persons. There are different types and patterns of abuse and neglect and different circumstances in which they may take place, they may occur as the result of deliberate intent, negligence, omission or ignorance.

The Care Act (2014) defines categories of Adult abuse and harm as follows (further information on these forms of abuse and their indicators are included in the appendix):

- Physical Abuse;
- Sexual Abuse;
- Emotional/Psychological Abuse;
- Neglect and acts of Omission;
- Financial / Economic Abuse;
- Discriminatory Abuse;
- Organisational/Institutional Abuse;
- Self-neglect;
- Domestic Abuse (including coercive control); and
- Modern slavery.

Abuse and neglect can take place in a range of contexts, both within and outside of sport, examples of abuse within sport could include:

- Discrimination against a participant based on a protected characteristic;
- Neglecting to meet the individual needs of a participant;
- Physical assault by a person in a position of trust or influence;
- Sending inappropriate messages;
- Humiliating and embarrassing a participant;
- Inappropriate or unwanted touch.

There is often cross-over between categories of abuse and some actions will also meet the definition of criminal activity. Behaviours categorised as abusive can be a one-off incident or could form part of a pattern of behaviours, they could have happened recently or be non-recent.

Although not listed in the Care Act, staff should also be aware and able to recognise when a person is at risk of being radicalised. Further information on Extremism and Radicalisation is included in the Appendix.



Responding to Disclosures of Harm

If you become aware that an adult is experiencing, has experienced or is at risk of experiencing harm, this information must be passed to the safeguarding team.

There are a number of barriers that a person may face when trying to disclose that they have been the subject of abuse or neglect, for example they may be embarrassed about what happened, they could be reliant on the abuser for care or support, or they may be worried about repercussions. There are additional barriers for people in a sports context where the abuser is in a position of trust or is thought to have influence over their future career.

It is essential that when a person discloses that have experienced harm they are given time and space to share their account. It is important to maintain an unbiased approach when responding to disclosures to ensure that each case is treated in a fair and transparent manner.

Staff should:

1. Listen, without leading the conversation.
It is vital that anyone disclosing Abuse feels that they are being listened to and taken seriously. Use open questions, starting with words such as “what”, “how”, “when and “where”. You can also use Tell, Explain and Describe to obtain more details.
2. Provide support and reassurance.
Opening up can be difficult and it is important that the person reporting the harm is supported to share their account and be reassured that the information will be taken seriously and responded to appropriately.
3. Listen to the wishes of the victim.
Find out what the person would like to happen next and what they would like the outcome to be. Staff should not make promises but the persons wishes will always be taken into account.



Recording Information

If you are worried about an adult or you receive an allegation of harm, it is important to maintain accurate and detailed notes of anything you have witnessed or observed, or any conversations you have and the information shared with you. Try to use the words and phrases used by the adult when they told you.

Your notes should record the following:

- The Adult's details (name, age and address);
- The types of behaviour they are experiencing that gives you cause for concern;
- Any indicators of abuse that you have noticed (changes in behaviour, visible bruises, etc)
- Where the abuse is taking place (at home or in the workplace);
- Details of any vulnerabilities of the adult, for example if they have a learning disability, physical disability or mental illness.
- Information about the alleged abuser and their relationship to the adult at risk.

Where possible you should record the information directly into the Clubs secure case management system, My Concern. If you do not you do not have access to My Concern share your notes with your Safeguarding Manager.

Reporting

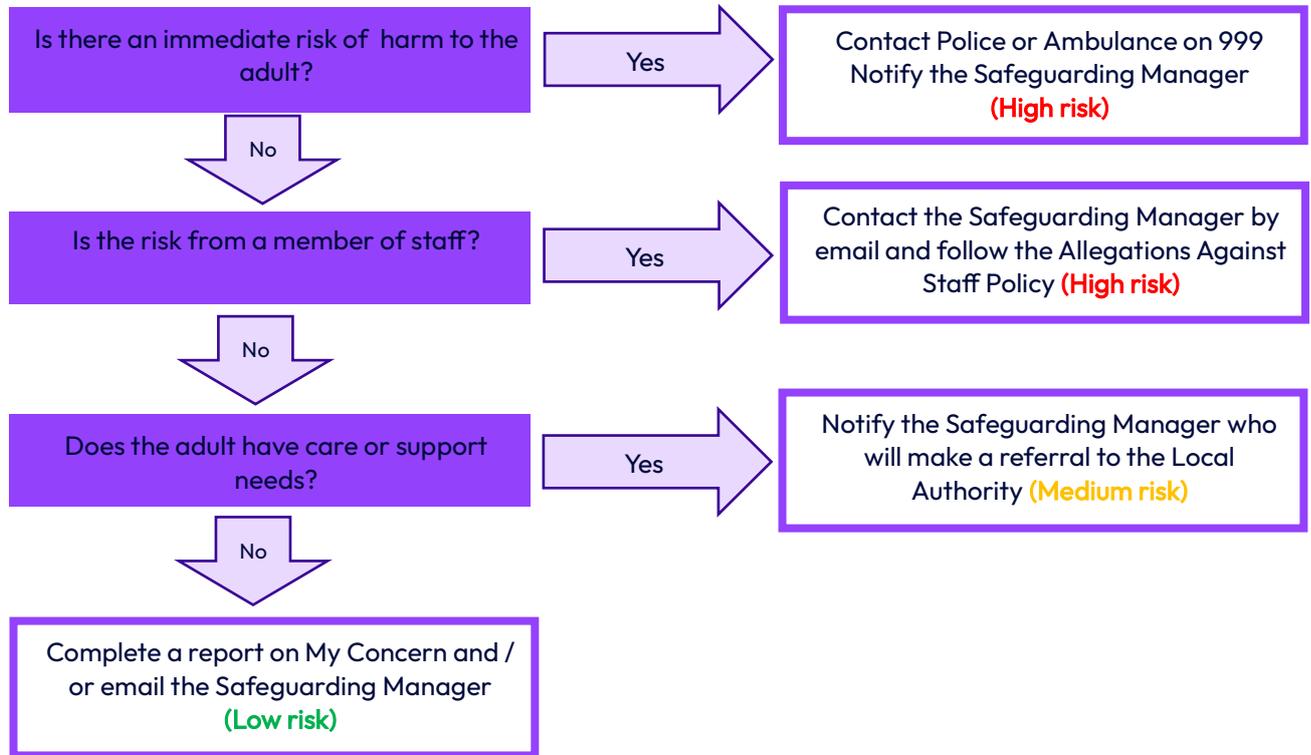
If you are worried about an Adult because of something you have noticed in their behaviour or appearance, or because of something they or another person has told you, **you must report your concerns to a member of the Safeguarding Team as soon as possible and within 24-hours.**

You can notify the Safeguarding Manager using different methods depending on the level of risk, this could include:

- By phone
- By email – personally or to the Safeguarding inbox
- By submitting information on to My Concern.

The level of risk will vary depending on the immediacy of the risk of harm, the influence the alleged offender has over the victim and whether the adult has any additional needs that places them at increased risk.

You can use the flow-chart below as a guide but if you are uncertain always contact your Safeguarding Manager.



What Happens Next?

Once the Safeguarding Manager has been notified, the actions will depend on the level of risk. Where possible, decisions will be made in conjunction with the person at risk and take into account their wishes.

Level of risk	Example	Actions
High	Immediate risk of substantial harm	Police, Health or social care services will take the lead to ensure the safety of the person impacted. The Safeguarding Manager will follow up subsequently to understand any ongoing support required, actions and lessons.
High	Risk of harm from someone in a position of trust	When there is an allegation that a member of staff has caused harm to another person over who they have influence, the Allegations Against Staff Policy will be followed.
Medium	An adult with care and support needs who needs help to stay safe	The Safeguarding Manager will work collaboratively with the Local Authority to understand the risk and the actions required to maintain the persons safety.



Low	Behaviours indicate a possible risk of harm	Where there are concerns that a person is potentially at risk of harm, the Safeguarding Manager will work with the victim to understand their needs and desired outcomes and put in place appropriate supportive mechanisms.
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Information Sharing

All sports organisations must comply with the Data Protection Act (the “DPA”) and the General Data Protection Regulations (the “GDPR”), together the “Data Protection Legislation.”

Information about concerns of abuse includes personal data. It is therefore important to be clear as to the grounds for processing and sharing information about concerns of abuse. Processing information includes record keeping. Records relating to safeguarding concerns must be accurate and relevant. They must be stored confidentially with access only to those with a need to know.

Sharing information, with the right people, is central to good practice in safeguarding Adults. However, information sharing must only ever be with those with a ‘need to know’. This does not automatically include the persons spouse, partner, Adult, child, unpaid or paid carer. Information should only be shared with family and friends and/or carers with the consent of the Adult.

The purpose of Data Protection Legislation is not to prevent information sharing but to ensure personal information is only shared appropriately. If you are in doubt as to whether to share information, seek legal advice and/or contact the Local Authority and explain the situation without giving personal details about the person at risk or the person causing harm.

Any decision to share or not to share information with an external person or organisation must be recorded together with the reasons to share or not share information.



Appendix

1 – General Definitions

Term	Definition
Abuse:	may lead to a child or an Adult at Risk experiencing or being exposed to harm. Abuse of Adults can be categorised under physical abuse, sexual abuse, emotional/psychological abuse, neglect/self-neglect, organisational abuse, financial abuse, discriminatory abuse, modern slavery, bullying.
Adult:	anyone over the age of 18 years old.
Adult at Risk:	means any person aged eighteen or over who has needs for care and support (whether or not the local authority is meeting any of those needs) and is experiencing, or at risk of, abuse or neglect, and as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect. This may include people with learning disabilities, sensory impairments, mental health needs, older people and people with a physical and/or mental or impairment.
Capacity:	the ability to make a decision at a particular time. The starting assumption must always be that a person has the capacity to make a decision, unless it can be established that they lack capacity (Mental Capacity Act 2005).
Disability:	means physical or sensory impairment or learning impairment which has a substantial or long-term effect on the ability to carry out normal day-to-day activities.
Duty of Care:	description of the responsibility all staff have for the welfare and safety of its beneficiaries, and the reasonable steps taken to ensure their safety and protection.
Positions of Trust:	means roles where the post holder has power and authority and may have key influence in the life of others.



2 - Types of Abuse and Neglect

Type of Abuse	Example Behaviours	Indicators
Physical Abuse	<ul style="list-style-type: none"> • Assault, hitting, slapping, punching, kicking, hair-pulling, biting, pushing • Rough handling • Scalding and burning • Physical punishments • Inappropriate or unlawful use of restraint • Making someone purposefully uncomfortable (e.g. opening a window and removing blankets) • Involuntary isolation or confinement • Misuse of medication (e.g. over-sedation) • Forcible feeding or withholding food • Unauthorised restraint, restricting movement (e.g. tying someone to a chair) 	<ul style="list-style-type: none"> • No explanation for injuries or inconsistency with the account of what happened • Injuries are inconsistent with the person's lifestyle • Bruising, cuts, welts, burns and/or marks on the body or loss of hair in clumps • Frequent injuries • Unexplained falls • Subdued or changed behaviour in the presence of a particular person • Signs of malnutrition • Failure to seek medical treatment or frequent changes of GP
Sexual Abuse	<ul style="list-style-type: none"> • Rape, attempted rape or sexual assault • Inappropriate touch anywhere • Non- consensual masturbation of either or both persons • Non- consensual sexual penetration or attempted penetration of the vagina, anus or mouth • Any sexual activity that the person lacks the capacity to consent to • Inappropriate looking, sexual teasing or innuendo or sexual harassment • Sexual photography or forced use of pornography or witnessing of sexual acts • Indecent exposure 	<ul style="list-style-type: none"> • 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



Emotional/ Psychological Abuse	<ul style="list-style-type: none"> • Enforced social isolation – preventing someone accessing services, educational and social opportunities and seeing friends • Removing mobility or communication aids or intentionally leaving someone unattended when they need assistance • Preventing someone from meeting their religious and cultural needs • Preventing the expression of choice and opinion • Failure to respect privacy • Preventing stimulation, meaningful occupation or activities • Intimidation, coercion, harassment, use of threats, humiliation, bullying, swearing or verbal abuse • Addressing a person in a patronising or infantilising way • Threats of harm or abandonment • Cyber bullying 	<ul style="list-style-type: none"> • 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
Neglect and acts of Omission	<ul style="list-style-type: none"> • Failure to provide or allow access to food, shelter, clothing, heating, stimulation and activity, personal or medical care • Providing care in a way that the person dislikes • Failure to administer medication as prescribed • Refusal of access to visitors • Not taking account of individuals’ cultural, religious or ethnic needs • Not taking account of educational, social and recreational needs • Ignoring or isolating the person • Preventing the person from making their own decisions • Preventing access to glasses, hearing aids, dentures, etc. • Failure to ensure privacy and dignity 	<ul style="list-style-type: none"> • 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
Financial / Economic Abuse	<ul style="list-style-type: none"> • Theft of money or possessions • Fraud, scamming • Preventing a person from accessing their own money, benefits or assets • Employees taking a loan from a person using the service • Undue pressure, duress, threat or undue influence put on the person in connection with loans, wills, property, inheritance or financial transactions 	<ul style="list-style-type: none"> • 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



	<ul style="list-style-type: none"> • Arranging less care than is needed to save money to maximise inheritance • Denying assistance to manage/monitor financial affairs • Denying assistance to access benefits • Misuse of personal allowance in a care home • Misuse of benefits or direct payments in a family home • Someone moving into a person’s home and living rent free without agreement or under duress • False representation, using another person’s bank account, cards or documents • Exploitation of a person’s money or assets, e.g. unauthorised use of a car • Misuse of a power of attorney, deputy, appointeeship or other legal authority • Rogue trading – e.g. unnecessary or overpriced property repairs and failure to carry out agreed repairs or poor workmanship 	<ul style="list-style-type: none"> • 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
<p>Discriminatory Abuse</p>	<ul style="list-style-type: none"> • Unequal treatment based on age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex or sexual orientation (known as ‘protected characteristics’ under the Equality Act 2010) • Verbal abuse, derogatory remarks or inappropriate use of language related to a protected characteristic • Denying access to communication aids, not allowing access to an interpreter, signer or lip-reader • Harassment or deliberate exclusion on the grounds of a protected characteristic • Denying basic rights to healthcare, education, employment and criminal justice relating to a protected characteristic 	<ul style="list-style-type: none"> • 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



	<ul style="list-style-type: none"> • Substandard service provision relating to a protected characteristic 	
Organisational/ Institutional	<ul style="list-style-type: none"> • Discouraging visits or the involvement of relatives or friends • Run-down or overcrowded establishment • Authoritarian management or rigid regimes • Lack of leadership and supervision • Insufficient staff or high turnover resulting in poor quality care • Abusive and disrespectful attitudes towards people using the service • Inappropriate use of restraints • Lack of respect for dignity and privacy • Failure to manage residents with abusive behaviour • Not providing adequate food and drink, or assistance with eating • Not offering choice or promoting independence • Misuse of medication • Failure to provide care with dentures, spectacles or hearing aids • Not taking account of individuals' cultural, religious or ethnic needs • Failure to respond to abuse appropriately • Interference with personal correspondence or communication • Failure to respond to complaints 	<ul style="list-style-type: none"> • 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
Self-neglect	<ul style="list-style-type: none"> • Lack of self-care to an extent that it threatens personal health and safety • Neglecting to care for one's personal hygiene, health or surroundings • Inability to avoid self-harm • Failure to seek help or access services to meet health and social care needs • Inability or unwillingness to manage one's personal affairs 	<ul style="list-style-type: none"> • 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
Domestic Abuse (including	<ul style="list-style-type: none"> • Domestic violence or abuse can be characterised by any of the indicators of abuse outlined in this briefing relating to: 	<ul style="list-style-type: none"> • Low self-esteem • Feeling that the abuse is their fault when it is not



<p>coercive control)</p>	<ul style="list-style-type: none"> • psychological • physical • sexual • financial • emotional. <p>• Coercive or controlling behaviour is a core part of domestic violence. Coercive behaviour can include:</p> <ul style="list-style-type: none"> • acts of assault, threats, humiliation and intimidation • harming, punishing, or frightening the person • isolating the person from sources of support • exploitation of resources or money • preventing the person from escaping abuse • regulating everyday behaviour. 	<ul style="list-style-type: none"> • 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
<p>Modern slavery</p>	<ul style="list-style-type: none"> • Human trafficking • Forced labour • Domestic servitude • Sexual exploitation, such as escort work, prostitution and pornography • Debt bondage – being forced to work to pay off debts that realistically they never will be able to 	<ul style="list-style-type: none"> • 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



2 – Vulnerability to Radicalisation and Extremism

Safeguarding from Radicalisation is no different to protecting individuals from other forms of harm. Identifying someone who is being exploited or radicalised can often be difficult, as there is no single factor that leads to Radicalisation.

The signs and indicators listed in this section are not exhaustive, and the presence of one factor alone does not necessarily mean that an individual is, or has been, radicalised or involved in extremist activity. However, a combination of indicators may increase vulnerability and/or risk, or may suggest intervention is necessary.

Extremism:	means the vocal or active opposition to our fundamental values, including democracy, the rule of law, individual liberty, and respect and tolerance for different faiths and beliefs.
Radicalisation:	means the process by which people come to support terrorism and extremism and, in some cases, to then participate in terrorist groups.

Vulnerability - Individuals may become vulnerable to Radicalisation due to a range of personal, social, and environmental factors. The presence of one or more of these factors does not mean someone is at risk of being radicalised, but may increase susceptibility, especially when combined with exposure to extremist narratives. The following factors are considered potential indicators of vulnerability:

- Identity crisis,
- Criminality,
- Personal crisis,
- Social exclusion,
- Personal circumstances,
- Mental health or learning needs,
- Unmet aspirations,
- Trauma

Behaviours - The below behaviours may indicate that an individual is becoming vulnerable to Radicalisation. While many of these can also be explained by other factors such as adolescence, trauma, or social pressures, taken together, and especially in combination with known extremist influences, they may signal a cause for concern.

- Expressing extremist narratives to explain personal disadvantage or societal issues.
- Support for terrorist acts or extremist causes, including verbal, written, or online expression. Loss of interest in previously enjoyed activities, hobbies, or education.
- Significant changes in behaviour or appearance that suggest exposure to a new ideological, social, political, or religious influence. Avoiding discussion of beliefs or becoming increasingly secretive or isolated.
- Expressing a desire or intention to travel to conflict zones or regions known for terrorist or extremist activity, without a clear, lawful, or legitimate purpose. Being secretive about online activity, including contacts and websites visited.
- Justifying violence as a means to address political, social, or ideological grievances.
- Involvement in or exposure to hate crime, either as victim, perpetrator, or witness, especially if race or religion is a factor. Spending excessive time online, particularly on encrypted or anonymous platforms.



- Conflict with family or peers over beliefs, lifestyle, or dress, particularly where those beliefs appear increasingly extreme. Changing social groups or disassociating from long-standing friends or mentors.
- Sudden emotional shifts, such as increased anger, aggression, anxiety, or withdrawal.
- Promoting conspiracy theories or showing growing distrust of government, mainstream media, or law enforcement.
- Exposure to extremist or terrorist ideologies, through:
 - o Association with individuals who support extremist or terrorist ideologies,
 - o Accessing material online,
 - o Possession of literature,
 - o Contact with overseas individuals.