

SAFEGUARDING ADULTS IN SPORT RESOURCE PACK

Second edition: 2017



WELCOME TO THE SAFEGUARDING ADULTS RESOURCE PACK

Safeguarding adults is a responsibility for every sport and physical activity organisation. Getting this right will ensure a wider participation in sport or physical activity and ensure safe access for everyone.

All adults, regardless of age, ability or disability, gender, race, religion, ethnic origin, sexual orientation, marital or transgender status have the right to be protected from abuse and poor practice and to participate in an enjoyable and safe environment.

Sport and physical activity organisations which demonstrate best practice in safeguarding commit to both a legal and moral responsibility to all paid staff, volunteers and participants. They demonstrate this commitment to safeguarding by accepting their responsibilities and striving to embed safeguarding within the culture of their organisation. Safeguarding adults fits within the duty of care and welfare that sports and activity organisations have towards their participants. This is the second edition of the pack; since the original pack was published Sport England has demonstrated its commitment to safeguarding adults by funding the Ann Craft Trust (ACT) to recruit a Safeguarding Adults in Sport Manager.

The pack has been revised by ACT to take into account recent legislative changes regarding the safeguarding of adults and policy development in sport and physical activity. We have also responded to feedback from sports and physical activity organisations.

The original purpose of the Adults in Sport Resource Pack remains - to assist you in achieving best practice in safeguarding; to understand how legislation applies to adults in sport and activity; and to know, beyond the legal requirements, the best practice for keeping adults safe within your organisation.

In addition, the pack will help you to respond to adult safeguarding concerns and to develop and put in place policies and procedures which promote effective safeguarding of adults throughout the whole organisation.

A number of people have been involved in the Resource Pack. This includes members of the Safeguarding Adults Steering Group, Sport England, UK Sport, the Sport and Recreation Alliance, Badminton England and British Disability Shooting. We hope you find this resource useful and would welcome any feedback you may have, including requests for additional information or resources.

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SECTION 1

BACKGROUND



SAFEGUARDING ADULTS

Terminology and acronyms

- ACT** - Ann Craft Trust
- ADASS** - Association of Directors of Adult Social Services
- CQC** - Care Quality Commission
- CSP** - Community Safety Partnership
- DBS** - Disclosure and Barring Service
- DoLS** - Deprivation of Liberty Safeguards
- FGM** - Female Genital Mutilation
- FMU** - Forced Marriage Unit
- LA** - Local Authority
- LPA** – Lasting Power of Attorney
- LSAB** - Local Safeguarding Adults Board
- MAPPA** - Multi Agency Public Protection Arrangements
- MASH** - Multi Agency Safeguarding Hubs
- MCA** - Mental Capacity Act 2005
- MSP** - Making Safeguarding Personal
- IMCA** - Independent Mental Capacity Advocate
- IMHA** - Independent Mental Health Advocate
- OPG** - Office of the Public Guardian
- PALS** - Patient Advice and Liaison Service
- PoT** - Position of Trust
- SAAR** - Safeguarding Adults at Risk
- SAR** - Safeguarding Adult Review
- SIRI** - Serious incident requiring investigation



Relevant organisations

Adult safeguarding contact points - The place where safeguarding concerns are raised within the local area.

This could be a local authority single point of access, the relevant social work or mental health team or a safeguarding hub.

Court of Protection - <https://www.gov.uk/courts-tribunals/court-of-protection>

Forced Marriage Unit - <https://www.gov.uk/guidance/forced-marriage>

Local Authority – Adult Social Care, Adult Safeguarding Leads

Police – may be referred to as Community Safety Units or Vulnerable Adults Unit

WHY YOUR ORGANISATION NEEDS A SAFEGUARDING ADULTS POLICY AND PROCEDURES

“We know that feeling unsafe or excluded from sport is a significant barrier to getting involved in sport and physical activity for some groups”

- The government’s sport strategy
Sporting Future: A New Strategy for an Active Nation 2015

Participation in sport and activity can play an important role in helping people to live fulfilling lives. ‘Accessible leisure facilities, safe town centre and community groups ... can reduce the social and physical isolation which may increase the risk of abuse or neglect’ 14.12. The Care Act 2014.

The government policy is one of encouraging people to take part and develop a more active lifestyle. This is reflected in the current Sport England Strategy that sets out how resources will be allocated to sports organisations:

‘Our vision is that everyone, regardless of their age, background or level of ability, feels able to engage in sport and physical activity. Some will be young, fit and talented, but most will not’ (Jennie Price, Chief Executive, Sport England – Sport England: Towards an Active Nation Strategy 2016-2021).

With this comes a duty of care to those participating in sport and physical activity. Sporting Future: A New Strategy for an Active Nation 2015 notes that organisations have a ‘duty of care’ which includes

‘safeguarding for children and people in a vulnerable situation’. Sport and physical activity organisations need to be informed enough to ensure that complaints/concerns about adults at risk are properly identified and acted upon. Organisations which fail to do this risk failing to meet their duty of care and leaving the individuals concerned at best disillusioned with sport and at worst vulnerable to harm.

If this vision of an active nation is to be realised, sports and physical activity organisations have a duty to ensure that adults are able to take part fully, free from abuse and neglect. That includes working to prevent abuse from occurring within sport and physical activity, and responding proportionately if abuse or neglect has occurred.

Organisations also have a duty to respond if they feel that an adult is suffering or likely to suffer harm outside of the sport or physical activity. The Care Act 2014 put the safeguarding of adults onto a statutory footing. The sport and physical activity sectors have regular contact with many people and so have a crucial role in the support, identification and reporting of adults who may be at risk of harm.

Thus policies and procedures have a dual role – safeguarding of people

when they are participating in sports and activity and responding to any signs of abuse that may indicate that abuse is occurring outside of the setting.

A safeguarding adults policy and procedures document sets out the best practice framework for an organisation to respond to safeguarding concerns and promotes the importance of safeguarding adults throughout the whole organisation. Safeguarding adults in sport and physical activity is an important responsibility to take on to ensure wider participation and safe access for everyone. Sport and physical activity organisations that demonstrate best practice in adult safeguarding, commit to both.



SETTING THE SCENE FOR SAFEGUARDING ADULTS

The Care Act 2014 made key changes to adult social care with a new general duty to “Promote individual well-being”.

Alongside this, it put the safeguarding of adults on a statutory footing for the first time. Previously ‘No Secrets’ offered only guidance to Local Authorities and organisations regarding best practice in safeguarding adults.

The Care Act applies to all people aged over 18 even when they may be receiving what may be thought of as a “children” or “young people’s” service, for example a 21 year old training with an under 18’s sports team.

Within the Act there has been a marked shift away from using the term ‘vulnerable’ to describe adults potentially ‘at risk’ from harm or abuse.



SAFEGUARDING ADULTS AT RISK

The definition of “vulnerable adult” originated in the 1997 Consultation Document “Who Decides?” ‘No Secrets’ was then published as government guidance for developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse.

Introduced in 2000 it encouraged organisations to work together to protect vulnerable adults from abuse.

Nearly twenty years on we moved away from the terminology of ‘vulnerable adults’ towards ‘adults at risk of harm’, usually shortened to ‘adults at risk’ in policies and procedures. There may also be reference to an ‘adult with a care and support need’. Any policy and procedures that sports and activity organisations implement should reflect this and include the current definition of adults at risk rather than that of vulnerable adults.

For organisations this shift in language can be confusing. Some sports and physical activity organisations had found it helpful to refer to specific categories of people who may be at increased risk of harm, for example adults with a physical or learning disability or older people.

The Care Act 2014, however, makes it clear that abuse of adults links to circumstances rather than the characteristics of the people experiencing the harm. Labelling groups of people as inherently ‘vulnerable’ is seen to be disempowering.

All sports organisations have a duty to ensure that the welfare of all adults is ensured. As part of this they need to understand when to implement their safeguarding adults reporting procedures.

This definition from the Care Act 2014 should replace the old definition from No Secrets that will have been used in many older safeguarding vulnerable adults policy and procedures.

Safeguarding duties apply to an adult who:

- Has needs for care and support (whether or not the local authority is meeting any of those needs) and;
- Is experiencing, or is 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.

“Adult safeguarding” is working with adults with care and support needs to keep them safe from abuse or neglect. It is an important part of what many public services do, and a key responsibility of local authorities.’ Care Act 2014

Who might have care and support needs?

‘Care and support’ is the term used to describe the help some adults need to live as fully as possible with any illness or disability they may have.

It can include help with things like:

- getting out of bed
- washing
- dressing
- getting to work
- cooking meals
- eating
- seeing friends
- caring for families
- being part of the community

It might also include emotional support at a time of difficulty and stress, helping people who are caring for an adult family member or friend or even giving others a lift to a social event. Care and support includes the help given by family and friends, as well as any provided by the council or other organisations.

The six principles of adult safeguarding

The Care Act sets out the following principles that should underpin safeguarding of adults, including sport and activity organisations.

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 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."



WHY HAVE DIFFERENT POLICIES AND PROCEDURES FOR SAFEGUARDING CHILDREN AND ADULTS?

In the past sports organisations have combined the safeguarding of children and vulnerable adults in their training and their policies and procedures.

Many sport and physical activity organisations support both children and adults and it may seem easier to have one safeguarding policy and procedures. However, there are a number of valid reasons why this is not recommended:

- The issues for children and adults are not the same
- The definitions and terms used differ
- Procedures for reporting abuse and handling cases are not the same
- There is different legislation and policy
- Having one policy and procedure can in fact complicate matters

Having separate policies and procedures will enable everyone within a sport organisation to be clear about how to effectively safeguard both children and adults. Adding safeguarding adults at risk to a safeguarding children policy and procedures often dilutes the message about adults, particularly when organisations base the policy and procedures on those originally written for children.

One important difference between safeguarding adults and safeguarding children is an adult's right to self-determination. Adults may choose not to act at all to protect themselves and only in extreme circumstances will the law intervene - often when an adult is assessed to lack capacity in that area, or where the concerns may extend to children (e.g. living in the same household). This can make safeguarding adults more complex because it is not solely focused on creating an appropriate process and system to safeguard; but also needs to take into account the importance of creating a culture which embraces the adults themselves and informs and consults them on all decisions about them.

MAKING SAFEGUARDING PERSONAL

“Nothing about me without me”.

Alongside the increased need to recognize the importance of safeguarding adults as well as children, there has also been a cultural shift towards Making Safeguarding Personal within the safeguarding process. This is a shift from prioritizing outcomes demanded by bureaucratic systems (i.e. to know what happened; who did what to whom) to outcomes being defined by the person at the centre of the safeguarding process. There is a much stronger emphasis placed on the importance of the process by which satisfactory outcomes are achieved which take into account the individual choices and requirements of everyone involved.

“What good is it making someone safer if it merely makes them miserable?” Lord Justice Munby asks in ‘What Price Dignity?’ (2010)

What this means in practice is that adults should be more involved in the safeguarding process with their views, wishes, feelings and beliefs taken into account when decisions are made.

The Care Act 2014 builds on the concept stating that ‘We all have different preferences, histories, circumstance and life-styles so it is unhelpful to prescribe a process that must be followed whenever a concern is raised’.

However the Act is also clear that there are key issues that should be taken into account when abuse or neglect are suspected and that there should be clear guidelines regarding this.

Making Safeguarding Personal is as relevant in sport and activity as it is in health and social care.



WHO MAY ABUSE ADULTS?

Abuse and neglect may be carried out by anyone in contact with adults.

This may include:

- Spouses, friends, family and neighbours
- People employed to provide care
- Paid staff or professionals
- Volunteers
- Strangers

Within sport and physical activity there may be indicators that adults are experiencing harm from people within the organisation, for example other club members, volunteers or coaches. Or they may be experiencing harm from those connected with their life outside of sport, for example a carer or a spouse.



TYPES OF HARM

The Care Act recognises 10 categories of abuse that may be experienced by adults.

Self-neglect

This covers a wide range of behaviour: neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding.

Modern Slavery

This encompasses slavery, human trafficking, forced labour and domestic servitude.

Domestic Abuse

This includes psychological, physical, sexual, financial and emotional abuse perpetrated by anyone within a person's family. It also includes so called 'honour' based violence.

Discriminatory

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

Organisational

This includes neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one's 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.

Physical

This includes hitting, slapping, pushing, kicking, misuse of medication, restraint or inappropriate sanctions.

Sexual

This includes rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting.

Financial or material

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

Neglect/Acts of omission

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

Emotional or psychological

This includes threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks.

Not included in the Care Act 2014 but also relevant to safeguarding adults in sport and physical activity:

Cyber Bullying

Cyberbullying 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

This is a term used to describe a marriage in which one or both of the parties are married without their consent or against their will. A forced marriage differs from an arranged marriage, in which both parties consent to the assistance of a third party in identifying a spouse. The Anti-social Behaviour, Crime and Policing Act 2014 make it a criminal offence to force someone to marry.

Mate Crime

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



SAFEGUARDING ISSUES FACED BY SPORT AND PHYSICAL ACTIVITY ORGANISATIONS

As mentioned previously, sports and physical activity organisations may recognize abuse of adults that is happening within their organisation, or outside the setting.

Here are some examples of adult safeguarding issues identified by sports and physical activity organisations themselves. This is not an exhaustive list and is offered to enable sports and physical activity organisations to recognize possible safeguarding issues:

- an elite athlete being groomed for sexual abuse by his or her coach
- a member of a learning disabled sports club being financially exploited by another club member
- a young woman confiding in her coach about a forthcoming holiday where she believes she will be married against her will
- a club which insists on receiving a parental consent form before taking adults with learning disabilities on an away day trip
- a coach who regularly neglects the individual needs of disabled participants when training
- a volunteer noticing that a club member seems scared of the personal assistant who brings her to the training session
- a club noticing that the husband of a member with dementia is shouting at and pushing her

Capacity – Making Decisions

We make decisions every day often without even realising and may take this for granted. Some people are able to make every decision

about their own lives. Some people are 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".

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.

The issue of capacity or decision making is a key one in safeguarding adults and it is useful for sports organisations to have an overview of the concept of capacity.

The MCA is about making sure that people over the age of 16 have the support they need to make as many decisions as possible.

The MCA also protects people who need family, friends or paid support staff to make decisions for them because they lack capacity to make specific decision.

To make a decision we need to:

- Understand information
- Remember it for long enough
- 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 or physical ill health.

Our ability to make decisions can change and fluctuate:

Here are some examples which 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.

These examples all demonstrate the situation where 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 or at least be involved.

The MCA recognises that capacity is decision specific so no one will be labelled as lacking capacity per se. 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 to the football match on a cold day.

What does this mean for sport and activity organisations?

By being aware of the principles of the MCA you will be aware of the importance of people making their own decisions, being involved, having control and taking part in the decision making process.

A person attending a sporting event may well have made many decisions before they arrive or the decision may have been made for them in their best interests. For example, you may see someone not dressed appropriately for the sporting event but whose decision was it?

This could include:

- Do they want to attend the event?
- How are they going to get there?
- Do they need support?
- What equipment do they need to take part in the event?
- Is this particular sport safe for them to take part in?

By understanding the MCA you will be able to understand how you may be part of the decision making process for the person. This could be simply taking more time to explain the rules of the game or noticing that the carer who attends with the participant takes over the decisions making or you could be asked for your opinion of what might be in their best interests.

To support you in understanding the MCA there are 5 key messages:

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 attending one of your events you should check this with them and if applicable 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, you may be asked your opinion.
3. The right to make unwise decisions as long as you understand the implications – a person may want to play a contact sport even though they are unsteady on their feet. If they understand the implications then consider how risks can be minimised so they do not miss out, for example by using protective sports equipment.
4. Best Interests - If someone is not able to make a decision, then the people 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 could 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 have been taken into account and the information presented in a way that makes sense for them
- Different communication methods have been explored, including obtaining professional or carer advice and support
- The risks and benefits have been considered of any decision

Practice example

Ranj is 20 and has autism. He lives in flat with some support provided by a local care provider. He has a keen eye for detail and prides himself in this ability. Ranj suffers from some muscular discomfort if he stands for too long and he can be prone to chest infections. Ranj has always had a passion for football and a person he has met at college has introduced him to his local team that he plays with every weekend. Ranj wants to 'run the line' for the team, he knows the rules and this plays to his strength.

Some of Ranj’s support team are concerned that he will suffer muscle pain in his legs and will also be more prone to chest infections throughout the winter and with that in mind feel Ranj does not understand the consequences. They feel this gives them the right to overrule Ranj as they are acting in his 'best interests'.

In this case the support team have not checked out with Ranj his understanding. Ranj was adamant that he wanted to continue with his involvement with football and in the long term would like to become a referee.

Ranj raised his concerns and aspirations with his personal advisor at the college. The personal advisor helped Ranj to raise this with his support team.

Ranj’s understanding of the consequences was discussed with him. Together they fully weighed up the pros and cons of his involvement versus becoming unwell. Ranj felt that he should be able to decide: he wanted to develop his interest and also make some friends. The outcome was that the coach of the football team gave Ranj some tips on suitable clothing to stay as dry and warm as possible. Ranj also learnt some stretching techniques from the team which helped his muscle tightness. Ranj’s support team and the support offered helped him to stay as well as possible whilst empowering him to stay in control of his own decisions.

Practice example

Doris is 72. She is a long term member of her bowls club and has been offered the opportunity to join a group travelling overseas to watch the first team in a tournament.

Doris is excited to do this and gains a lot of support from her friends who also attend, particularly as they helped her to get to the venue following her recovery from a minor stroke and keep an eye on her.

Doris is really excited and says that she really wants to do this with the club and she is determined to go even though her travel insurance is very expensive. Her family are very concerned about her health and the risks of her becoming unwell on holiday. As well as the cost of the trip and the insurance, they feel she hasn't been herself since the stroke.

The outcome is that the club welfare officer has provided Doris with detailed information about the trip that Doris understands, including the itinerary and the cost. They also discussed the good support network that Doris has within the bowls community. Doris has also visited the GP, who has advised her about her condition and generally staying well whilst travelling.

Doris is able to understand the information and weigh up the consequences and proceeds to book the trip. Looking at all the information about the trip, the family recognise that Doris has the right to make the decision even if they feel it is 'unwise'.

This disagreement with her family has prompted Doris to apply for a Lasting Power of Attorney in order to plan ahead for a time when she may not be able to make decisions.

What can organisations learn from this?

- These practice examples importantly demonstrate that we should not discriminate or make assumptions about someone's ability to make decisions or pre-empt a best interest's decision merely on the basis of the person's age or appearance, condition or any aspect of their behaviour.
- You could be involved in a minor way or asked for more detail.
- You could influence participants' enjoyment and support their future attendance, for example by adapting the way that you provide information so they can make a decision, or by just being aware of the MCA.
- You may notice that a person is receiving support that is not in line with the MCA and want to address this.

SECTION 2

POLICIES AND PROCEDURES



CREATING A PROCESS TO RESPOND, RECORD, REPORT AND REFER

A sample safeguarding template that will help your organisation to respond, record, report and refer can be found on page 42.

All adults working, volunteering and participating in sport deserve their experience to be a positive one. Sports and activity organisations should have policies relating to the welfare of participants, staff and volunteers. These policies will underpin the Safeguarding Adults Policy and should be referenced in it.

The Safeguarding Adults Policy and Procedure Document should be focused on ensuring that processes are put in place to keep adults safe. An appropriate referral model should be developed which offers direction to people in your sport on how to respond, what they should record and when they should report internally and externally to statutory agencies.

It is important to explain that it is not the responsibility of people in your sport to interview or investigate if they have a concern about abuse. This is always the role for statutory agencies, such as the police or social care.



OTHER POLICIES AND PROCEDURES THAT SUPPORT SAFEGUARDING ADULTS IN SPORT AND PHYSICAL ACTIVITY

As mentioned, any Safeguarding Adults Policy and Procedures should be supported by other organisational policies.

They will help to support an environment in which everyone can fully participate.

These include the following but it is not an exhaustive list:

- Codes of conduct for all staff, volunteers and members
- Clear job description for the role of safeguarding adults lead officer/ welfare officer
- Safe recruitment and training of staff and volunteers
- Whistleblowing
- Safeguarding children
- Equality
- Social media
- Complaints
- Disciplinary
- Selection
- Trips away
- Duty of care
- Supervision
- Roles and responsibilities
- Working with parents and carers



The policy template lists some examples of good and poor practice. Many issues raised by sports and physical activity providers regarding adults are issues that can be resolved by implementing the organisation's welfare policies.

Organisations should always promote the adult's wellbeing in their safeguarding arrangements. People have complex lives and being safe is only one of the things they want for themselves. Professionals should work with the adult to establish what being safe means to them and how that can be best achieved. Professionals and other staff should not be advocating 'safety' measures that do not take account of individual well-being, as defined in Section 1 of the Care Act' Section 14.8 of the Care Act 2016

Practice example of following safeguarding adult procedures

Jenny, is a horse rider with cerebral palsy. She attends a weekly riding club with personal assistants (PA). One week at the club a fellow rider notices that the PA's behaviour seems intimidating

and aggressive, telling Jenny to sit up straighter and ride better or Jenny would have to stop going. Jenny is visibly upset and flinching away from the PA.

After the session Sue, the fellow rider, remembers what the instructor has often said about letting them know if they have any concerns. She tells the riding instructor what she has seen and heard. The instructor writes down what the rider tells her and reassures the rider that she has done the right thing and that she will speak to Jenny about the concerns.

The instructor goes to see Jenny in the changing room and asks to see her privately in the office. She explains the concerns that Sue has had and asks Jenny how she is. Jenny states that this is a new PA and that she doesn't like her.

The instructor checks that Jenny is not injured or unsafe. She asks Jenny what she wants to happen next. Jenny tells the instructor that she doesn't want the PA to get in trouble, she just wants her to be nicer to her at the horse riding session. The instructor asks Jenny whether she is ok for her to pass this onto the regional welfare officer who has a better idea of how to help Jenny. Jenny agrees.

The instructor calls the regional welfare officer whilst Jenny is there and passes on the information. The welfare officer asks to speak to Jenny and requests permission to pass the information onto the local safeguarding adult's team as she is concerned for Jenny. Jenny says no, she doesn't want the PA to get into trouble. The welfare officer explains that the PA will also work with other people and that everyone has the right to be safe. Jenny then agrees to the welfare officer passing on the information. The welfare officer explains that the instructor and herself will fill in a report form and send it to the adult safeguarding team.

The welfare officer checks that Jenny is ok to go home with the PA. Jenny says that she is, that the PA's behaviour was fine in the car there. She has another PA coming in the evening.

The welfare officer calls the adult safeguarding team for Jenny's area. She explains the details and that she will send the paper copy.

What can organisations learn from this?

- Have a clear policy and procedures in place for safeguarding adults. Ensure that everyone is aware of them – staff and volunteers
 - Create a culture that means that participants feel able to discuss concerns
 - If someone is injured or at immediate risk take immediate action by seeking help, e.g. dialing 999 for police or ambulance
 - Seek consent from the person concerned. If you feel that they do not have capacity to consent you can act without consent but must log your decision
- Collect available relevant facts and appropriate information
 - Make a written record of the concern
 - Have a designated safeguarding officer for adult safeguarding
 - Tell the person involved what you are going to do about the concern and note any views that they may have regarding how they wish the matter to be dealt with
 - Tell only the people who need to know, e.g. safeguarding officer
 - Consider the balance between listening to someone's wishes and needing to refer information where others may be at risk
 - Inform the person involved, about the outcome of any process
 - Know the contact details of the Local Authority Safeguarding Adults teams

TIPS FOR WRITING AND IMPLEMENTING YOUR SAFEGUARDING ADULTS POLICY AND PROCEDURE DOCUMENT

The template on page 42 will provide you with a good basis for your document. You do not have to follow it word for word but it provides a useful framework to start from.

- Write a safeguarding adults at risk policy and procedure separate from the safeguarding children policy and procedure
- Ensure that the definitions and legislation are up to date and relevant
- Include some case examples that are relevant to your sport or activity. You can adapt the examples in the template or use concerns that you have encountered in your organisation.
- Reference your organisation's policies and procedures that link to the document
- For local policies and procedures include the details of local authority safeguarding adult teams
- Include the details of any support organisations relevant to your sport or activity
- Outline the roles, responsibilities and accountability of staff and volunteers, and in particular the lead officer for safeguarding.
- Ensure that the Board of your organisation is signed up to the policy and procedures
- Consider how you will ensure that the policy and procedures will become working documents that are referenced and followed by everyone within the organisation – staff, volunteers and participants
- Think about any training needs that arise from introducing and implementing the document.
- Include discussions about adult safeguarding within team meetings and supervision sessions
- Consider including a complaints procedure or right to appeal within this policy and procedures. An individual should have the right to complain if their concern is not followed up or is ignored by the organisation, whether the concern is regarding themselves or another person.
- Contact the Ann Craft Trust for advice and support

SAFE RECRUITMENT PROCESS

This information is designed to help sports and physical activity organisations to develop the best practice for recruiting and vetting individuals working and volunteering with adults at risk.

Legally, anyone undertaking a role that involves contact with, or responsibility for, children or other vulnerable groups should be taken through a safer recruitment process. Adults at risk would be classed under the term 'vulnerable group'. Some individuals may not be suitable to work with adults at risk due to gaps in their understanding, skills or knowledge or due to previous concerns about conduct

Sports clubs and organisations are only as good as the people who work and volunteer there. They should create a setting that makes everyone feel welcomed and safe. Respect for equality and diversity should be embedded within the culture of the sport and recreation organisation, which is promoted and underpinned in codes of conduct and policies and procedures within each sport.

There is also moral and social obligation for sport and recreation organisations to demonstrate best practice, ensuring that it is the responsibility of staff/volunteers and participants to treat one another with dignity, respect, sensitivity and fairness, ensure that any discriminatory, offensive and violent behaviour is unacceptable and that complaints will be acted upon. This can only be undertaken by ensuring that people are recruited as safely as possible.

It is therefore essential that organisations have effective recruitment and selection procedures for both paid staff and volunteers. These will help to screen out and discourage those who are not suitable from joining your club/organisation.

Good recruitment practice

The DBS disclosure and check against the barred list, if appropriate to the role, is only one part of a safe recruitment process. In all cases regarding the vetting of paid and voluntary staff working in sport, standard best practice dictates a thorough checking of a person's qualifications and training attended.

Detailed application forms, self-disclosure, robust interviews that include safeguarding, equality and diversity knowledge and skills (if appropriate to the role), checking references and thorough induction processes, verification of qualifications and experience, risk assessment of concerning information all form the basis of safe recruitment and best practice when recruiting individuals to work with adults at risk.

Then when people are in post there should be a probationary period and review and regular safeguarding training that includes safeguarding adults at risk.

Disclosure and barring service

This was created in 2012 when the Criminal Records Bureau (CRB) and Independent Safeguarding Authority (ISA) were merged.

A Disclosure and Barring Service (DBS) check (formally known as a CRB check) is a means of supplying organisations with the information they legally need to enable them to make correct recruitment and placement decisions, especially with regard to positions involving children & vulnerable groups.

DBS checks are only one part of the recruitment process and the eligibility for undertaking them primarily relates to social and health care activity. Sport and physical activity organisations working with adults should first and foremost follow the good practice detailed above.

All specific enquiries regarding DBS checks of staff and volunteers in a sport or physical activity setting should be directed through to the

Disclosure and Barring Service, the following information is given as a basic guide for organisations.

A key point to remember is that although an individual may have an opportunity to come into contact with children or adults with care and support needs, this is not sufficient to be entitled to a DBS check. Eligibility to apply for a DBS check depends on the specific role a person will perform whilst conducting their duties within an organisation.

Types of DBS check

There are three types of DBS checks:

Standard

Shows filtered convictions, cautions, warnings and reprimands that are held on the police national computer.

Enhanced

Shows everything that the standard check does plus additional discretionary information

Enhanced with barred list check

Shows everything that the Enhanced check does plus an additional check of the appropriate 'barred list' for the work being done.

The legal duties for an organisation are:

1. Not knowingly allow a barred person to work in 'Regulated Activity';
2. Must inform the DBS if an individual is removed from 'Regulated Activity' because they have harmed or because they pose a risk of harm to vulnerable groups (including children).

Regulated activity

The term "regulated activity" is a legal phrase used to describe specific circumstances where individuals are working or volunteering with children or adults who are vulnerable because of help or treatment they are receiving.

The definition of regulated activity is different for children and adults.

The types of activity that fall into Regulated Activity with adults at risk are clearly set out in government guidance. Unless individuals are undertaking those activities, organisations should not be undertaking an enhanced DBS check.

The definition of Regulated Activity focuses on the type of activity and contact an individual may have with an adult at risk. It also does not stipulate a frequency requirement as the definition of Regulated Activity with children does. For adults at risk, the activity alone means an individual is in Regulated Activity – once is enough. Within this legal framework an individual is defined as being in Regulated Activity with adults at risk if any one of the following six conditions is met:

1. The individual is in contact with the person by providing healthcare.
This includes first aid only if it is administered by an individual on behalf of an organisation whose purpose is to provide first aid; such as St John's Ambulance Service.
2. The individual is in contact with the person by providing personal care.
Physical assistance with eating or drinking, going to the toilet, washing or bathing, dressing, oral care or care of the skin, hair or nails because of the adult's age, illness or disability.
3. The individual is in contact with the person in providing social work.
4. The individual is in contact with the person in assisting with general household matters. For example, managing the person's cash, paying the person's bills, or shopping on their behalf.
5. The individual is in contact with the person in assisting in the conduct of a person's own affairs by virtue of:
 - a. Lasting power of attorney under the Mental Capacity Act 2005



- b. Enduring power of attorney within the meaning of the Mental Capacity Act 2005
 - c. Being appointed as the adult's deputy under the Mental Capacity Act 2005
 - d. Being an Independent Mental Health Advocate
 - e. Being an Independent Mental Capacity Advocate
6. The individual is in contact with the person in conveying Any drivers and any assistants who transport an adult because of their age, illness or disability to or from places where they have received, or will be receiving, health care, relevant personal care or relevant social work, are in regulated activity. The driver does, or the person assists in, such conveying on behalf of an organisation and for the purpose of enabling the adult to receive services. Conveying does not include licensed taxi drivers or licensed private hire drivers, and does not include trips taken for purposes other than to receive health care, personal care or social work (for example, trips for pleasure are excluded).

How does regulated activity fit with roles within sport and physical activity organisations?

There may be roles that involve providing health care such as physiotherapy, these would need to be checked with the DBS on an individual basis.

Most adults at risk taking part in sport will have their own assistants if they require personal care. However volunteers and workers in sport may be involved in personal care if they take on a dual role. For example, a coach accompanying an athlete as a personal assistant on a sports trip.

In sport settings volunteers sometimes transport adults to and from sports activities. This would not be classed as regulated activity.

It is important to note that personal relationships are exempt from Regulated Activity in relation to adults at risk.

If the individuals in our club are not in Regulated Activity but we feel there is an opportunity for them to build up a relationship of trust with an adult at risk – what can we do to vet them?

Ensure that safe recruitment processes are in place.

Consider, on an individual basis, the need to conduct a DBS disclosure. This can only be used where there is eligibility to request it and this is dependent on the role the individual holds.

The DBS states that organisations have the responsibility to assess whether a DBS certificate at either Standard or Enhanced level is necessary for a specific role in line with the relevant legislation and also taking into account any sector-specific statutory guidance on the matter. However, job roles should be assessed individually to confirm whether they meet the eligibility criteria and blanket-checking of all roles should not be implemented.

The eligibility guidance codes for DBS checks can be found on this direct link to the DBS website www.gov.uk/government/publications/dbs-check-eligible-positions-guidance

There is also a good online tool for checking whether an organisation can check someone's criminal record <https://www.gov.uk/find-out-dbs-check> The DBS also has a Customer Service Team that can be contacted with any queries - email CustomerServices@dbs.gsi.gov.uk



ORGANISATION EVALUATION AND ACTION PLAN FOR SAFEGUARDING ADULTS AT RISK

Your knowledge base

Generally do you feel that you understand the issues around safeguarding adults at risk?

What else do you need to know?

For example:

Relevant legislation and guidance regarding safeguarding adults

- Care Act 2014
- Mental Capacity Act 2005
- Disclosure and Barring checks for working with adults at risk

Your responsibilities as an organisation to safeguarding adults

How to write a policy and procedures document

Your organisation

What awareness is there of adults at risk?

Are your Board supportive of safeguarding adults at risk?

Is there a designated officer for adults at risk?

What training is available regarding adults at risk and who for?

Policy and procedures

Does your organisation have a safeguarding adults at risk policy?

Is it a separate policy or a policy covering both adults at risk and children?

How do people know about it? Staff/ volunteers/ participants

Are there policies and procedures for recruiting staff and volunteers working with adults at risk?

How current is the information? Was it reviewed after the 2014 Care Act?

Are the reporting procedures clear?

Is there a whistle-blowing policy?

What other policies do you have that support the safeguarding of adults at risk?

Contact with external agencies

Do you know who to go to in your local authority to raise concerns?

Have you raised concerns to the local authority?

Do you have clear reporting mechanisms?

Do you know who to contact nationally for specialist advice?

Action plan

What is your action plan? Add it here.

SECTION 3

INFORMATION AND ADVICE



RELEVANT LEGISLATION & GOVERNMENT INITIATIVES

Key government initiatives and legislation

Sexual Offences Act 2003

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

Mental Capacity Act 2005

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 should be the least restrictive intervention.

www.dca.gov.uk

Safeguarding Vulnerable Groups Act 2006

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

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

or their care or treatment, and who may be deprived of their liberty in their best interests in order to protect them from harm.

www.dca.gov.uk

Disclosure & Barring Service 2013

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

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.

www.gov.uk/government/publications/care-act-2014-statutory-guidance-for-implementation

Making Safeguarding Personal Guide 2014

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

www.local.gov.uk/publications//journal_content/56/10180/6098641/PUBLICATION

DIRECTORY OF ORGANISATIONS AND USEFUL CONTACTS

Following is a list of organisation and useful contacts.

This directory begins with more general organisations and moves on to organisations specializing in:

- Learning disability
- Mental health
- Older people

General	
Arthritis Care	
Floor 4, Linen Court 10 East Road, London N1 6AD Tel: 080 8800 4050 (12pm to 4pm Monday to Friday) or 020 7380 6500 (10am to 4pm) Email: Helplines@arthritiscare.org.uk www.arthritiscare.org.uk	Arthritis Care is the only UK-based voluntary organisation working with and for everyone with arthritis. They provide information, training and support to help people take control of their health and their lives. At the same time they campaign for raised awareness about arthritis, and for better services for people affected.
The Consortium of Therapeutic Communities	
Waterfront, Kingsdown Road Walmer, Kent CT14 7LL Tel:01242 620077 Email: post@therapeuticcommunities.org www.therapeuticcommunities.org	The Consortium of Therapeutic Communities. Methods of psychological treatment remain a seriously undervalued form of psychotherapy. The ATC exists to try to correct this neglect. Their site includes a database of therapeutic communities.

British Association for Counselling and Psychotherapy	
<p>BACP House 15 St John's Business Park Lutterworth, LE17 4HB</p> <p>Tel: 01455 883300</p> <p>Email: bacp@bacp.co.uk</p> <p>www.counselling.co.uk</p>	<p>The Association exists to serve its members and the psychological therapies, as well as increasing awareness. It publishes directories and other information to enable those seeking counselling and training to make an informed choice.</p>
British Deaf Association	
<p>3rd Floor, 356 Holloway Road London N7 6PA</p> <p>Tel: 020 7697 4140 SMS / FaceTime: 07795 410 724 ooVoo / Skype: da.britdeafassoc</p> <p>Email: helpline@bda.org.uk</p> <p>www.bda.org.uk</p>	<p>The British Deaf Association is the UK's largest national organisation run by deaf people for deaf people. It represents the deaf community, a community united by shared experiences, history and a common language.</p>
British Medical Association	
<p>BMA House Tavistock Square London, WC1H 9JP</p> <p>Tel: 020 7387 4499 Fax: 020 7383 6400</p> <p>Email: info.web@bma.org.uk</p> <p>www.bma.org.uk</p>	<p>The BMA represents all doctors from all branches of medicine all over the UK. It is an independent trade union, officially recognised by government.</p>

Disabled Living Foundation	
<p>4th Floor, Jessica House Red Lion Square 191 Wandsworth High Street London, SW18 4LS</p> <p>Tel: 020 7289 6111</p> <p>Email: advice@dlf.org.uk</p> <p>www.dlf.org.uk</p>	<p>Provides specialist advice for people with disabilities and their carers. It has a national telephone helpline service (0845 130 1977), and equipment centre (020 7289 6111), factsheets, publications shop and training and events.</p>
Disability Rights Commission	
<p>Ground Floor CAN Mezzanine 49-51 East Rd London, N1 6AH</p> <p>Tel: 020 7250 8191</p> <p>enquiries@disabilityrightsuk.org</p> <p>www.disabilityrightsuk.org</p>	<p>Disability Rights Commission was set up by the government to help secure civil rights for disabled people. As well as giving information and advice to disabled people, employers and service providers, their conciliation service also intervenes in disputes over access to goods and services.</p>
Hearing Concern	
<p>7-11 Armstrong Road London, W3 7LJ</p> <p>Tel: 020 8743 1110 Fax: 020 8742 9043</p> <p>Email: info@hearingconcern.org.uk</p> <p>www.hearingconcern.org.uk</p>	<p>Hearing Concern exists to overcome the frustration, isolation and loneliness experienced by millions of people in the UK who have hearing loss. It is a leading provider of advice and support, campaigns on behalf of its client group and promotes awareness of the communication needs of deaf and hard of hearing people.</p>

NACRO	
<p>First Floor 46 Loman Street London SE1 0EH</p> <p>Tel: 0300 123 1889</p> <p>Email: helpline@nacro.org.uk</p> <p>www.nacro.org.uk</p>	<p>Crime reduction charity aiming to make society safer by finding practical solutions to reducing crime. Projects include resettling prisoners, working with young people, housing people, working with families and communities, getting people into work and finding better ways to reduce crime.</p>
National Association of Citizens Advice Bureaux	
<p>Citizens Advice 3rd Floor North 200 Aldersgate London, EC1A 4HD</p> <p>www.nacab.org.uk</p>	<p>The Citizens Advice Bureau runs 'Adviceguide' which gives basic advice and information on people's rights. It gives a broad outline of your legal position and what you can do. If problems are complicated, it is more appropriate to contact Citizen's Advice Bureaux.</p>
National Autistic Society	
<p>393 City Road London EC1V 1NG</p> <p>Tel: 020 7833 2299 Fax: 020 7833 9666</p> <p>Email: nas@nas.org.uk</p> <p>www.nas.org.uk</p>	<p>The Charity's objective is to provide education, treatment, welfare and care to people with autism and related conditions.</p>

National Information Forum	
<p>Derek Kinrade 33 Highshore Road London SE15 5AF</p> <p>Telephone: 020 7708 5943</p> <p>www.nif.org.uk</p>	<p>National Information Forum is an umbrella organisation that seeks to encourage the provision of accessible information to people with disabilities, older people and anyone else disadvantaged in gaining access to information by whatever means possible.</p>
Rape Crisis Federation of England and Wales	
<p>BCM 4444 London WC1N 3XX</p> <p>Email: info@rapecrisis.co.uk</p> <p>www.rapecrisis.co.uk</p>	<p>Rape Crisis was launched in 1996 and exists to provide a range of facilities and resources to enable the continuance and development of Rape Crisis Groups throughout Wales and England.</p>
Royal National Institute for the Blind	
<p>105 Judd Street London WC1H 9NE</p> <p>Tel: 020 7388 1266 0303 123 9999</p> <p>Email: helpline@rnib.org.uk</p> <p>www.rnib.org.uk</p>	<p>The Royal National Institute for the Blind offers information, support and advice to over 2 million people with sight problems. It fights for equal rights and funds research.</p>

Susy Lamplugh Trust	
<p>The Foundry 17-19 Oval Way London SE11 5RR</p> <p>Tel: 020 83921839 Fax: 020 8392 1830</p> <p>Email: info@suzylamplugh.org</p> <p>www.suzylamplugh.org</p>	<p>The Trust is a leading authority on personal safety. Its role is to minimise the damage caused to individuals and to society by aggression in all its forms – physical, verbal and psychological.</p>
Turning Point	
<p>Standon House 21 Mansell Street London E1 8AA</p> <p>Tel: 020 7481 7600</p> <p>Email: info@turning-point.co.uk</p> <p>www.turning-point.co.uk</p>	<p>Turning Point has over thirty years of experience working with those most excluded in our society. They operate a range of projects throughout the Country in the areas of drug and alcohol abuse, mental health and learning disabilities.</p>
Victim Support	
<p>0808 168 9111</p> <p>www.victimsupport.com</p>	<p>Victim Support provides practical advice and help, emotional support and reassurance to those who have suffered the effects of a crime.</p>

Women's Aid Federation of England and Wales	
<p>PO BOX 3245 Bristol BS2 2EH</p> <p>Tel: 0117 9444411 Fax: 0117 9241703</p> <p>Email: info@womensaid.org.uk</p> <p>www.womensaid.org.uk</p>	<p>Women's Aid is a national domestic violence charity. It also runs a domestic violence helpline 08457 023 468.</p>
Learning Disability	
Ann Craft Trust	
<p>Centre for Social Work University Park University of Nottingham Nottingham, NG7 2RD</p> <p>Tel: 0115 9515400</p> <p>Email: Ann-Craft-Trust@nottingham.ac.uk</p> <p>www.anncrafttrust.org</p>	<p>ACT is a national organisation working with staff in the statutory, independent and voluntary sectors in the interests of people with learning disabilities who may be at risk from abuse.</p>
Association for Real Change	
<p>ARC House Marsden Street Chesterfield S40 1JY</p> <p>Tel: 01246 555043</p> <p>www.arcuk.org.uk</p>	<p>ARC is an umbrella organisation which brings together those who provide services for people with learning disabilities. Its objectives are to support, develop and promote quality services for people with learning disabilities throughout the UK.</p>

British Institute for Learning Disabilities	
<p>Birmingham Research Park 97 Vincent Drive Edgbaston Birmingham B15 2SQ</p> <p>Tel: 0121 415 6960</p> <p>Email: enquiries@bild.org.uk</p> <p>www.bild.org.uk</p>	<p>BILD is a not-for-profit organisation with charity status, which exists to improve the quality of life of all people with a learning disability. BILD provides information, publications and training and consultancy services for organisations and individuals.</p>
Respond	
<p>3rd Floor 24-32 Stephenson Way London, NW1 2HD</p> <p>Tel: 020 7383 0700 0808 808 0700(Helpline)</p> <p>Email: services@respond.org.uk</p> <p>www.respond.org.uk</p>	<p>Respond provides a range of services to victims and perpetrators of sexual abuse who have learning disabilities, and training and support to those working with them.</p>
Sense	
<p>101 Pentonville Road London N1 9LG</p> <p>Tel: 0300 330 9256 or 020 7520 0972</p> <p>Email: enquiries@sense.org.uk</p> <p>www.sense.org.uk</p>	<p>Sense is the UK's leading organisation for people who are deafblind and have associated disabilities. Sense believes that given the right services and support, deafblind people can develop their talents and choose how they wish to live their lives.</p>

Mental health	
Alcohol Concern	
<p>Waterbridge House 32-36 Loman Street London, SE1 0EE</p> <p>Tel: 020 7928 7377 Fax: 020 7928 4644</p> <p>E-mail: contact@alcoholconcern.org.uk</p> <p>www.alcoholconcern.org.uk</p>	<p>A national agency on alcohol misuse, working to reduce the incidence and costs of alcohol related harm and to increase the range and quality of services available to people with alcohol related problems. Provides a useful factsheet (No 33) on Alcohol and Older People.</p>
BBC Mental Health Section	
<p>www.bbc.co.uk</p>	<p>BBC Online have a mental health homepage offering information on mental health conditions, and resources for getting help and treatment.</p>
Depressives Anonymous	
<p>Box FDA, Ormiston House 32-36 Pelham Street Nottingham NG1 2EG</p> <p>Tel: 0870 774 4320</p>	<p>Mutual aid organisation providing self-help groups, pen-friend scheme and newsletters.</p>
Drugs Information Online	
<p>www.drugs.com</p>	<p>A comprehensive and up-to-date drug information resource online – over 24,000 approved medications.</p>

National Centre for Eating Disorders	
54 New Road, Esher Surrey, KT10 9NU Tel: 0845 838 2040 Email: info@edauk.com www.edauk.com	A national charity offering help, support and information to people whose lives are affected by eating disorders, in particular, anorexia and bulimia nervosa.
Internet Mental Health	
www.mentalhealth.com	An encyclopaedia of common mental health conditions offering information on diagnosis, treatment and research.
Bipolar UK	
11 Belgrave Road London SW1V 1RB Tel: 0333 323 3880 Email: info@bipolaruk.org Web: www.bipolaruk.org	Formerly, The Manic Depression Fellowship (MDF), Bipolar UK is a national user-led organisation and registered charity for people whose lives are affected by manic depression.
MIND	
15-19 Broadway London, E15 4BQ Tel: 020 8519 2122 Email: contact@mind.org.uk www.mind.org.uk	Mind is a leading mental health charity working to create a better life for everyone with experience of mental distress by challenging discrimination, influencing policy, developing quality services, advancing users' views and achieving equal rights.

National Phobics Society	
www.phobics-society.org.uk	A user-led organisation, run by sufferers and ex-sufferers of anxiety disorders supported by a high-profile medical advisory panel.
Psychology Information Online	
www.psychologyinfo.com	Psychology Information Online provides information online about psychological diagnosis, disorders, problems, psychotherapy and counselling.
Rethink	
89 Albert Embankment London, SE1 7TP Tel: 0121 522 7007 Email: advice@rethink.org www.rethink.org	Rethink, as of July 2002, is the new operating name for the 'National Schizophrenia Fellowship'. Dedicated to improving the lives of those affected by severe mental illness.
Samaritans	
The Upper Mill Kingston Road Ewell Surrey KT17 2AF Tel: 020 8394 8300 Helpline – 116 123 (UK) www.samaritans.org.uk	The UK and Republic of Ireland based charity provides confidential emotional support to any person who is suicidal or despairing and increases public awareness of issues around suicide and depression.

Older people

Action on Elder Abuse

PO Box 60001
Streatham
SW16 9BY

Tel: 020 8765 7000

Email:
enquiries@elderabuse.org.uk

www.elderabuse.org.uk

A national organisation based in London. It aims to prevent the abuse of older people by raising awareness, encouraging education, promoting research and collecting and disseminating information.

Age UK

Tavis House
1-6 Tavistock Square
London, WC1H 9NA

Tel: 0800 169 2081

www.ageuk.org.uk

Age Concern provides essential services and campaigns on issues like age discrimination and pensions and works to influence public opinion and government policy about older people.

Alzheimer's Society

Devon House
58 St Katharine's Way
London E1W 1LB

Tel: 020 7423 3500

Email:
events@alzheimers.org.uk

www.alzheimers.org.uk

The Alzheimer's Society is the UK's leading care and research charity for people with any form of dementia and their carers.

Centre for Policy on Ageing

19-23 Ironmonger Row
London, EC1V 3QP

Tel: 020 7553 6500
Fax: 020 7553 6501

Email: cpa@cpa.org.uk

www.cpa.org.uk

An independent organisation promoting social policies that allow older people to achieve the full potential of their later years.

Friends of the Elderly

40-42 Ebury Street
London, SW1W 0LZ

Tel: 020 7730 8263
Fax: 020 7259 0154

Email: enquiries@fote.org.uk

www.fote.org.uk

Friends of the Elderly is a charity providing a combination of nursing, residential and dementia care from nine sites and support services to people through day centres or in their own homes. It makes grants nationally from funds it manages and helps people access other funds they are entitled to.

Dementia UK

0800 888 6678

www.dementiauk.org

Specialist one-to-one support and expert advice are the two key ways Dementia UK help people living with dementia.

Stroke Association

Stroke House, 240 City Road
London EC1V 2PR

Tel: 020 7566 0300
Helpline: 0845 30 33 100

Email: info@stroke.org.uk
website: www.stroke.org.uk

Stroke Association is the UK's leading stroke charity changing the world for people affected by stroke.

GUIDE TO COMMON CONDITIONS

Arthritis - A condition which deteriorates the bone and causes joint pain. The most common condition in the country.

Asperger Syndrome - Shares many of the same traits as autism, but certain traits, such as clumsiness, an almost obsessive interest in a hobby or collection and the love of routines, are typical of people with Asperger syndrome.

Autism - An abnormality of childhood development affecting language and social communication.

Profound blindness - As defined by the World Health Organisation, the inability to count fingers at a distance of ten feet or less.

Registered blind - Visual activity is 3/60 or worse, or 6/60 if field of vision is very restricted.

Registered partially sighted - Visual acuity is between 3/60 and 6/60 with a field of vision, or up to 6/18 if field of vision is very restricted.

Severe low vision - An inability to count fingers at twenty feet or less.

Brain Damage - A condition where people can exhibit a wide range of symptoms: memory loss, inappropriate, uninhibited behaviour, severe mood swings and can have little or no understanding of their own condition. They may have communication difficulties and be unable to fully understand what is said to them, appreciate the implications for them and be able to express their ideas properly.

Cerebral Palsy - A disorder of movement and posture. It is due to damage to a small part of the brain, which controls movement.

Cystic Fibrosis - A genetically inherited disorder which affects the lungs and the digestive system.

Deafblind - A severe degree of combined visual and hearing impairment. Few deafblind people are both profoundly deaf and totally blind.

Deafness - A breakdown of the physiological mechanisms of hearing. May be congenital or the result of an accident or illness.

Dementia - The progressive loss of the powers of the brain. Common causes/types include Alzheimer's disease, multi infarct dementia, alcohol-related dementia's, Lewy Body dementia and Pick's disease.

Disability - A physical or mental impairment which has a substantial and long term effect on a person's ability to carry out normal day-to-day activities.

Dysarthria - Commonly associated with stroke or neurological disorders, a muscle speech disorder, results in slurred/imprecise/spasms in speech.

Dyslexia - A difficulty in processing and storing information in the brain and affects writing, spelling and reading. It cannot be cured; it is more prevalent in males and covers all social classes. It varies very much in severity and every person with dyslexia is different.

Dysphasia - A serious disorder of language where the intellect remains intact but the person loses his/her ability to use language.

Dyspraxia - A condition in which the person is unable to carry out planned or purposeful movement. One indicator of dyspraxia is uncertain, struggling movement. A person may be

found looking at their hand trying to remember what to do with it.

Epilepsy - A symptom of cerebral dysfunction. There are several types of epilepsy and many types of attack, some are major and may involve collapse or convulsions, others less severe involving only a momentary loss of awareness or some twitching in a part of the body.

Huntingdon's Disease - A hereditary disorder of the central nervous system. It usually develops in adulthood causing physical and mental control to steadily deteriorate. There is no cure.

Learning disabilities or difficulties - Classed as mild, moderate or severe and will usually have affected an individual since birth. Over a million people in Britain (2% of the population) have mild learning disabilities, while 200,000 (0.4%) have severe learning disabilities for which they require support from education, health, social and financial services.

Mental disorder - Defined in Section 1(2) of the Mental Health Act, 1983, as 'mental illness, arrested or incomplete development of mind, psychopathic disorder and any other disorder or disability of mind'.

Neurosis - A more common form of mental illness whereby someone will be depressed, anxious or tense to a higher degree than is usual. It exists within around 1 in 7 of the population at any one time. The individual will recognise the presence of their maladaptive behaviour and the effect that it has on their personality.

Psychosis - A relatively rare form of mental illness, which less than 1% of the population experience, it is more serious than neurosis. The illness may involve delusions, hallucinations, the inappropriate expression of emotion, hyperactivity, social withdrawal and fragmented thinking. There is also a lack of realisation by a person that their behaviour is abnormal. Schizophrenia is a psychotic illness.

Personality Disorder - A number of categories of personality

disorder which cover a wide range of attitudes and behaviour, from ruthless exploitation to fear of other people and social situations.

Multiple Sclerosis - The most common neurological disorder among young adults and affects around 85,000 people in the United Kingdom. It is the result of damage to the protective sheath surrounding all the nerve fibres in the brain and spinal cord. The damage can affect nerves in the eyes, parts of the brain and spinal cord. Damage to sensory nerves can result in numbness or tingling.

Paraplegic - A person whose lower extremities and the lower part of the torso are paralysed from an injury to the back.

Polio - An infectious disease caused by one of three viruses. If the virus attacks the nerves supplying the arms and legs, they can become weak or paralysed. The virus can affect any part of the body. The most serious cases are those involving the breathing muscles. Any of these symptoms can result in permanent disability.

Rheumatism - Pain in soft tissue, such as muscles, tendons and ligaments.

Spina Bifida - Literally means 'split spine', is a congenital deformity of the vertebrae, some of which fail to close. Damage to the spinal cord or spinal nerves may cause varying degrees of paralysis and lack of sensation below the level of damage.

Tetraplegic - A paraplegic person with additional paralysis of the hands and parts of the arms resulting from an injury to the neck.

Usher Syndrome - A genetic sight-hearing condition.

SAFEGUARDING ADULTS POLICY & PROCEDURES TEMPLATE

The following document is a Safeguarding Adults Policy and Procedures template for you to use for your organisation.



Safeguarding Adults Policy and Procedures

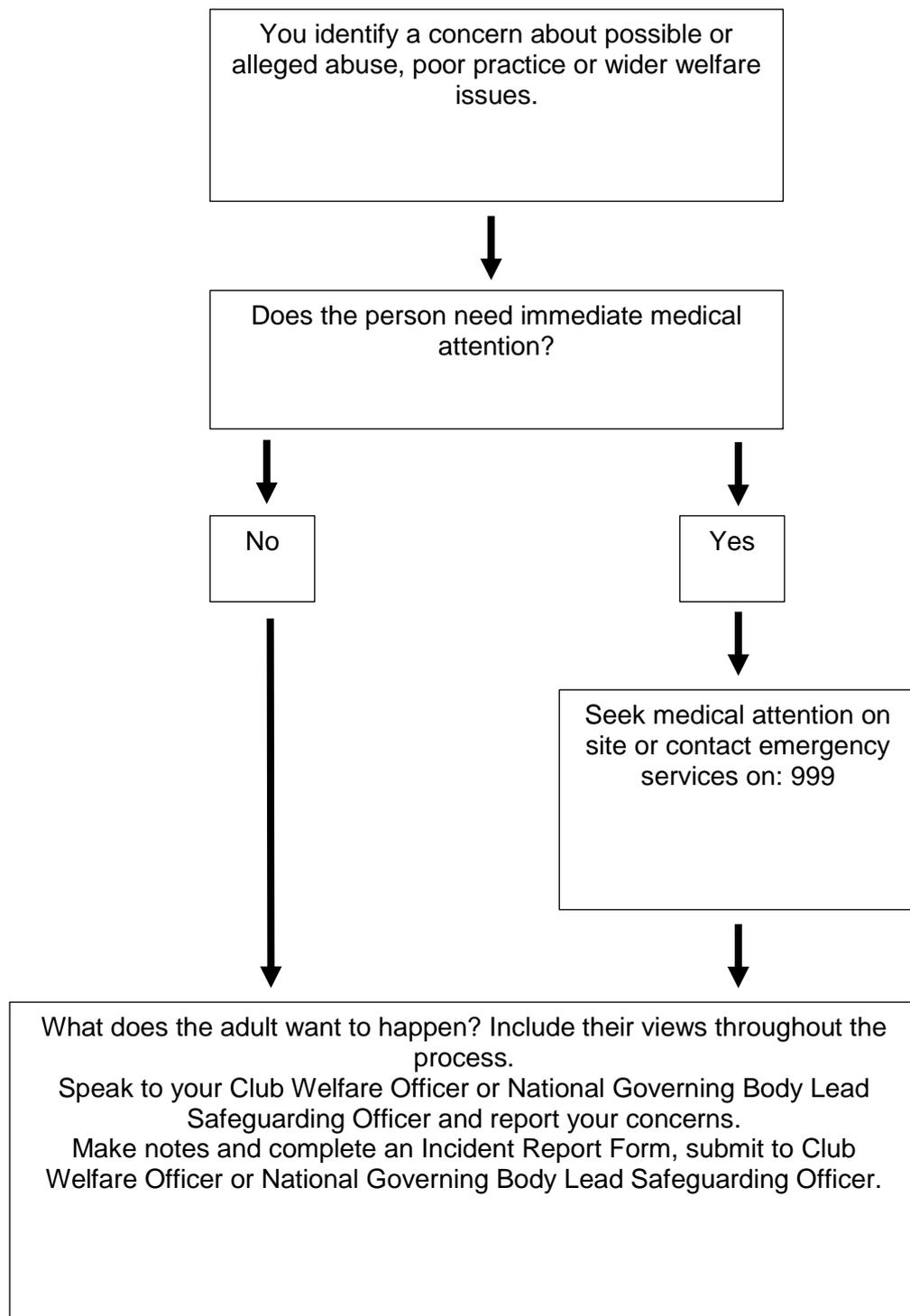
(Insert name of your organisation)

Do you have concerns about an adult?

Safeguarding is everyone's responsibility.

If you have concerns about an adult's safety and or wellbeing you must act on these.

It is not your responsibility to decide whether or not an adult has been abused. It is however your responsibility to act on any concerns.



(Insert name of your organisation) Safeguarding Adults Policy and Procedures

Introduction

(insert name of your organisation) is committed to creating and maintaining a safe and positive environment and accepts our responsibility to safeguard the welfare of all adults involved in **(insert name of your sport)** in accordance with the Care Act 2014.

(insert name of your organisation) safeguarding adults policy and procedures apply to all individuals involved in **(insert name of your organisation)**.

(insert name of your organisation) will encourage and support partner organisations, including clubs, counties, suppliers, and sponsors to adopt and demonstrate their commitment to the principles and practice of equality as set out in this safeguarding adults policy and procedures.

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1. Principles

The guidance given in the policy and procedures is based on the following principles:

- All adults, regardless of age, ability or disability, gender, race, religion, ethnic origin, sexual orientation, marital or gender status have the right to be protected from abuse and poor practice and to participate in an enjoyable and safe environment.
- **(insert name of your organisation)** will seek to ensure that our sport is inclusive and make reasonable adjustments for any ability, disability or impairment, we will also commit to continuous development, monitoring and review.
- The rights, dignity and worth of all adults will always be respected.
- We recognise that ability and disability can change over time, such that some adults may be additionally vulnerable to abuse, in particular those adults with care and support needs
- We all have a shared responsibility to ensure the safety and well-being of all adults and will act appropriately and report concerns whether these concerns arise within **(insert name of your organisation)** for example inappropriate behaviour of a coach, or in the wider community.
- All allegations will be taken seriously and responded to quickly in line with **(insert name of your organisation)** Safeguarding Adults Policy and Procedures.
- **(insert name of your organisation)** recognises the role and responsibilities of the statutory agencies in safeguarding adults and is committed to complying with the procedures of the Local Safeguarding Adults Boards.

The six principles of adult safeguarding

The Care Act 2014 sets out the following principles that should underpin safeguarding of adults

- **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.”

Making Safeguarding personal

'Making safeguarding personal' means that adult safeguarding should be 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 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 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 in **(Insert the name of your sport)** fully.

- 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.

2. Legislation

The practices and procedures within this policy are based on the principles contained within the UK legislation and Government Guidance and have been developed to complement the Safeguarding Adults Boards policy and procedures They take the following into consideration:

- The Care Act 2014
- The Protection of Freedoms Act 2012
- Domestic Violence, Crime and Victims (Amendment) Act 2012
- The Equality Act 2010
- The Safeguarding Vulnerable Groups Act 2006
- Mental Capacity Act 2005
- Sexual Offences Act 2003
- The Human Rights Act 1998
- The Data Protection Act 1998

3. Definitions

To assist working through and understanding this policy a number of key definitions need to be explained:

Adult is anyone aged 18 or over.

Adult at Risk is a person aged 18 or over who:

- Has needs for care and support (whether or not the local authority is meeting any of those needs);
and;
- Is experiencing, or is 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.

Adult in need of care and support is determined by a range of factors including personal characteristics, factors associated with their situation or environment and social factors. Naturally, a person's disability or frailty does not mean that they will inevitably experience harm or abuse.

In the context of safeguarding adults, the likelihood of an adult in need of care and support experiencing harm or abuse should be determined by considering a range of social, environmental and clinical factors, not merely because they may be defined by one or more of the above descriptors.

In recent years there has been a marked shift away from using the term 'vulnerable' to describe adults potentially at risk from harm or abuse.

Abuse is a violation of an individual's human and civil rights by another person or persons. See section 4 for further explanations.

Adult safeguarding is protecting a person's right to live in safety, free from abuse and neglect.

Capacity refers to the ability to make a decision at a particular time, for example when under considerable stress. 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 (MCA 2005). [\(link to Appendix 2\)](#)

4. Types of Abuse and Neglect

There are different types and patterns of abuse and neglect and different circumstances in which they may take place. The Care Act 2014 identifies the following as an illustrative guide and is not intended to be exhaustive list as to the sort of behaviour which could give rise to a safeguarding concern.

Self-neglect – this covers a wide range of behaviour: neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding.

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

Domestic Abuse and coercive control – including psychological, physical, sexual, financial and emotional abuse. It also includes so called 'honour' based violence. It can occur between any family members.

Discriminatory Abuse – discrimination is abuse which centres on a difference or perceived difference particularly with respect to race, gender or disability or any of the protected characteristics of the Equality Act.

Organisational Abuse – including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one's 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.

Physical Abuse – including hitting, slapping, pushing, kicking, misuse of medication, restraint or inappropriate sanctions.

Sexual Abuse – including rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting.

Financial or Material Abuse – including theft, fraud, internet scamming, coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.

Neglect – including ignoring medical or physical care needs, failure to provide access to appropriate health social care or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating.

Emotional or Psychological Abuse – this includes threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks.

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 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.

5. Signs and indicators of abuse and neglect

Abuse can take place in any context and by all manner of perpetrator. Abuse may be inflicted by anyone in the club who an athlete comes into contact with. Or club members, workers, volunteers or coaches may suspect that an athlete 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:

- Unexplained bruises or injuries – or lack of medical attention when an injury is present.
- Person has belongings or money going missing.
- 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 team members or coaches.
- Someone losing or gaining weight / an unkempt appearance. this could be a player 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 club member 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 coach intentionally striking an athlete.
- This could be a fellow athlete who sends unwanted sexually explicit text messages to a learning disabled adult they are training alongside.
- This could be an athlete threatening another athlete with physical harm and persistently blaming them for poor performance.

6. What to do if you have a concern or someone raises concerns with you.

- It is not your responsibility to decide whether or not an adult has been abused. It is however everyone's responsibility to respond to and report concerns.
- If you are concerned someone is in immediate danger, contact the police on 999 straight away. Where you suspect that a crime is being committed, you must involve the police.
- If you have concerns and or you are told about possible or alleged abuse, poor practice or wider welfare issues you must report this to the **(insert name of your organisation)** Lead Safeguarding or Welfare Officer, or, if the Lead Safeguarding or Welfare Officer is implicated then report to the **(insert name of your organisation)** CEO.
- When raising your concern with the Club Welfare Officer or Lead Safeguarding Officer, remember Making Safeguarding Personal. It is good practice to seek the adult's views on what they would like to happen next and to inform the adult you will be passing on your concern and

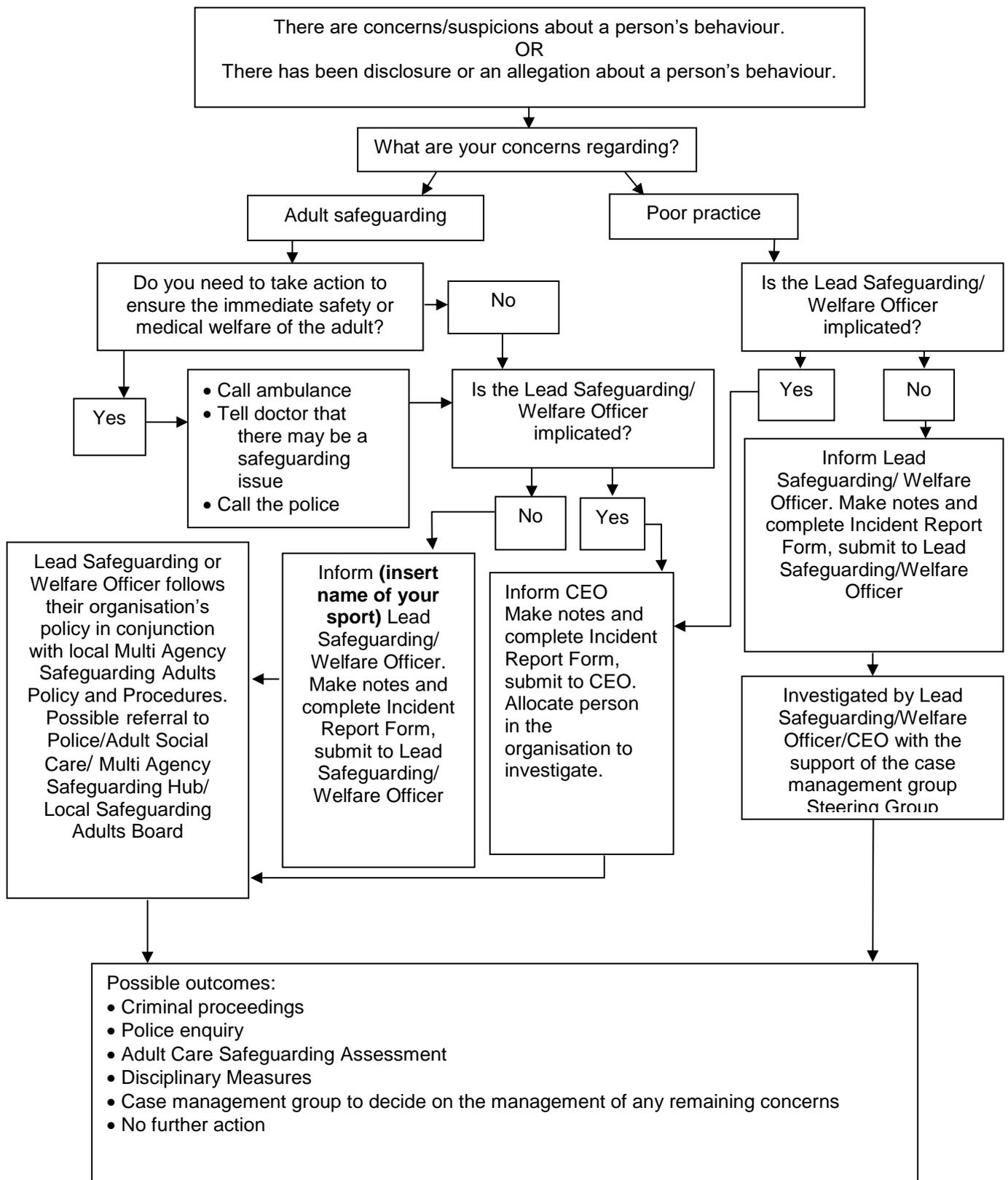
- It is important when considering your concern that you also ensure that keep the person informed about any decisions and action taken about them and always consider their needs and wishes.

7. How to respond to a concern

- Make a note of your concerns.
- Make a note of what the person has said using his or her own words as soon as practicable. Complete an Incident Form and submit to the **(insert name of your organisation)** Lead Safeguarding or Welfare Officer.
- Remember to make safeguarding personal. Discuss your safeguarding concerns with the adult, obtain their view of what they would like to happen, but inform them it's your duty to pass on your concerns to your lead safeguarding or welfare officer.
- Describe the circumstances in which the disclosure came about.
- Take care to distinguish between fact, observation, allegation and opinion. It is important that the information you have is accurate.
- Be mindful of the need to be confidential at all times, this information must only be shared with your Lead Safeguarding or Welfare Officer and others on a need to know basis.
- If the matter is urgent and relates to the immediate safety of an adult at risk then contact the emergency services immediately.

8. Safeguarding Adults Flowchart

Dealing with Concerns, Suspicions or Disclosure



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

9. Roles and responsibilities of those within (insert name of your organisation)

- **(insert name of your organisation)** is committed to having the following in place:
- A Lead Safeguarding/Welfare Officer to produce and disseminate guidance and resources to support the policy and procedures.
- A clear line of accountability within the organisation for work on promoting the welfare of all adults.
- Procedures for dealing with allegations of abuse or poor practice against members of staff and volunteers.
- A Steering Group or Case Management or Case Referral Group that effectively deals with issues, manages concerns and refers to a disciplinary panel where necessary (i.e. where concerns arise about the behaviour of someone within **(insert name of your organisation)**).
- A Disciplinary Panel will be formed as required for a given incident, if appropriate and should a threshold be met.
- Arrangements to work effectively with other organisations to safeguard and promote the welfare of adults, including arrangements for sharing information.
- Appropriate whistle blowing procedures and an open and inclusive culture that enables safeguarding and equality and diversity issues to be addressed.
- Clear codes of conduct are in place for coaches, participants, officials, spectators and other relevant individuals.

10. Good practice, poor practice and abuse

Introduction

It can be difficult to distinguish poor practice from abuse, whether intentional or accidental. It is not the responsibility of any individual involved in **(insert name of your organisation)** to make judgements regarding whether or not abuse is taking place, however, all (insert name of your organisation) personnel have the responsibility to recognise and identify poor practice and potential abuse, and act on this if they have concerns.

Good practice

(insert name of your organisation) expects that that coaches of adult athletes:

- Adopt and endorse the **(insert name of your organisation)** Coaches Codes of Conduct.
- Have completed a course in basic awareness in working with and safeguarding Adults.

Everyone should:

- Aim to make the experience of **(insert name of your organisation)** fun and enjoyable.
- Promote fairness and playing by the rules.
- Not tolerate the use of prohibited or illegal substances.
- Treat all adults equally and preserve their dignity; this includes giving more and less talented members of a group similar attention, time and respect.

11. Relevant Policies

This policy should be read in conjunction with the following policies
[your organisation to complete accordingly]:

- Whistle Blowing
- Social media
- Complaints
- Disciplinary

12. Further Information

Policies, procedures and supporting information are available on the **(insert name of your organisation)** website: **(insert site)**

Lead Safeguarding or Welfare Officer: **(Insert name and contact details of your Lead Safeguarding or Welfare Officer)**

Review date

This policy will be reviewed every two years or sooner in the event of legislative changes or revised policies and best practice.

**Appendix 1
Incident Report Form**

Safeguarding Adults Incident form

To be completed as fully as possible if you have concerns regarding an adult. It is important to inform the adult about your concerns and that you have a duty to pass the information onto the safeguarding officer. The safeguarding officer will then look at the information and start to plan a course of action, in conjunction with yourself, the adult involved and if necessary social care or other relevant organisations.

Section 1 – details of adult at risk	
Name of adult	
Address	
Date of Birth	
Age if date of birth not known	
GP practice (if known)	
Contact number	
Section 2 – your details	
Name	
Contact phone number(s)	
Email address	
Line manager or alternative contact	
Name of organisation/club	
Your Role in organisation	
Section 3 – details of Concern	
Detail what you have seen/been told/other that makes you believe the adult at risk is being abused or is at risk of abuse (include dates/times/evidence from records/photos etc.)	

Section 4 - Abuse type(s) – please tick as many as you feel may apply		
Physical	Psychological	Financial
Sexual	Discriminatory	Organisational (formerly institutional)
Neglect	Hate incident/crime	Mate Crime
Internet abuse	Modern slavery	Female genital Mutilation (FGM)
Forced Marriage	Domestic abuse	Radicalisation
Self-Neglect		
Section 5 - Have you discussed your concerns with the adult? What are their views, what outcomes have they stated they want (if any)?		
Section 5A – Reasons for not discussing with the adult		
Adult lacks capacity		
Adult unable to communicate their views		
Discussion would increase the risk		
State why the risks would increase		
Section 5B - Have you discussed your concerns with anyone else? E.g. carer/parent. What are their views?		

Section 6 – What action have you taken /agreed with the adult to reduce the risks?	
Information passed to Safeguarding Officer, confirm details:	Referral to Social Care Confirm details:
Contact with the police Confirm details:	Referral to other agency – please confirm details:
Other – please state what	
No action agreed – state why	
Section 7 – Risk to others	
Are any other adults at risk Yes/No – delete as appropriate	
If yes state why and what actions have been taken to address these?	
Are any children at risk Yes/No Delete as appropriate	
If yes state why and what actions have been taken to address these?	
Signed:	
Date:	

OFFICE USE ONLY
Section 8 – sharing the concerns (To be completed by Lead Safeguarding Officer)
Details of your contact with the adult at risk. Have they consented to information being shared outside of (insert name of your organisation) ?
Details of contact with the Social Care Team where the adult at risk lives – advice can be still sought without giving personal details if you do not have consent for a referral
Details of any other agencies contacted
Details of the outcome of this concern

Appendix 2

Guidance and information

Making Safeguarding Personal

There has been a cultural shift towards Making Safeguarding Personal within the safeguarding process. This is a move from prioritising outcomes demanded by bureaucratic systems. The safeguarding process used to involve gathering a detailed account of what happened and determining who did what to whom. Now the outcomes are defined by the person at the centre of the safeguarding process.

The safeguarding process places a stronger emphasis on achieving satisfactory outcomes that take into account the individual choices and requirements of everyone involved.

“What good is it making someone safer if it merely makes them miserable?” – Lord Justice Mundy, “What Price Dignity?” (2010)

What this means in practice is that adults should be more involved in the safeguarding process. Their views, wishes, feelings and beliefs must be taken into account when decisions are made.

The Care Act 2014 builds on the concept, stating that “We all have different preferences, histories, circumstances and lifestyles so it is unhelpful to prescribe a process that must be followed whenever a concern is raised.”

However, the Act is also clear that there are key issues that should be taken into account when abuse or neglect are suspected, and that there should be clear guidelines regarding this.

<https://www.local.gov.uk/topics/social-care-health-and-integration/adult-social-care/making-safeguarding-personal>

Capacity – Guidance on Making Decisions

The issue of capacity or decision making is a key one in safeguarding adults. It is useful for organisations to have an overview of the concept of capacity.

We make many decisions every day, often without realising. We make so many decisions that it's easy to take this ability for granted.

But 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 long enough
- 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.

The MCA is about making sure that people over the age of 16 have the support they need to make as many decisions as possible.

The MCA also protects people who need family, friends, or paid support staff to make decisions for them because they lack capacity to make specific decisions.

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 decision-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.

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.

Remember:

- You should not discriminate or make assumptions about someone's ability to make decisions, and you should not pre-empt a best-interest's decision merely on the basis of a person's age, appearance, condition, or behaviour.
- When it comes to decision-making, you could be involved in a minor way, or asked to provide more detail. The way you provide information might influence a person's ultimate decision. A person may be receiving support that is not in-line with the MCA, so you must be prepared to address this.

Consent and Information Sharing

Workers and volunteers within sports and physical activity organisations should always share safeguarding concerns in line with their organisation's policy, usually with their safeguarding lead or welfare officer in the first instance, except in emergency situations. As long as it does not increase the risk to the individual, the worker or volunteer should explain to them that it is their duty to share their concern with their safeguarding lead or welfare officer.

The safeguarding lead or welfare officer 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 the organisation's policy and procedures and local safeguarding adults board policy and procedures.

To make an adult safeguarding referral you need to call the local safeguarding adults team. This may be part of a MASH (Multi-Agency Safeguarding Hub). A conversation can be had with the safeguarding adults 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 adults 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 they still do not consent, then their wishes should usually be respected. However, there are circumstances where information can be shared without consent such as when the adult does not have the capacity to consent, it is in the public interest because it may affect other people or a serious crime has been committed. This should always be discussed with your safeguarding lead and the local authority safeguarding adults team.

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.

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 where by 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. Remember the purpose of the Data Protection Act (DPA) is to ensure personal information is shared appropriately, except in circumstances where by doing so may place the person or others at significant harm.

Appendix 3

Legislation and Government Initiatives

Sexual Offences Act 2003

<http://www.legislation.gov.uk/ukpga/2003/42/contents>

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

Mental Capacity Act 2005

<http://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

<http://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

<https://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

<https://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

<http://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

<http://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.

Appendix 4
Useful contacts

(Insert relevant details for your organisation)

Local Authority Safeguarding Lead (if policy is used by a CSP or club)

Name:

Email:

Telephone:

Police contact

Name:

Email:

Telephone:

Ann Craft Trust - Safeguarding Adults in Sport and Activity:

Website: www.anncrafttrust.org

Email: Ann-Craft-Trust@nottingham.ac.uk

Telephone: 0115 951 5400



Sport England
21 Bloomsbury Street,
London,
WC1B 3HF

info@sportengland.org

www.sportengland.org



Sport and Recreation Alliance
Burwood House
14-16 Caxton St
London, SW1H 0QT
020 7976 3900

info@sportandrecreation.org.uk

www.sportandrecreation.org.uk



ACTing against abuse

Ann Craft Trust
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University of Nottingham
Nottingham, NG7 2RD

ann-craft-trust@nottingham.ac.uk

www.anncrafttrust.org



UK Sport
40 Bernard Street
London
WC1N 1ST
020 7211 5100

info@uksport.gov.uk

www.uksport.gov.uk

Thanks also to members of the
**Safeguarding Adults in Sport
Steering Group.**

