**Safeguarding Adults**

**Policy & Procedures**

**(Insert name of your organisation)**

**(Insert name of your organisation) Safeguarding Adults at Risk Policy & 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 Adult Safeguarding Operational Procedures (Sept 2016). Please note the change of term (previously used within an adult safeguarding policy) from “vulnerable adults” to the term “adults at risk” (see page 5 for definition).

(insert name of your organisation) safeguarding adults policy and procedures apply to all individuals over the age of 18 at risk of harm 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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## Policy Aims

**This policy aims to:**

• promote zero-tolerance of harm to all adults from abuse, exploitation or neglect;

• influence the way our organisation thinks about harm to adults resulting from abuse,

exploitation or neglect by embedding a culture which recognises every adult’s right to respect and dignity, honesty, humanity and compassion in every aspect of their life;

• prevent and reduce the risk of harm to adults, while supporting people’s right to maintain control over their lives and make informed choices free from coercion;

• encourage our organisations to work collaboratively across sectors and on an inter-agency and multi-disciplinary basis, to introduce a range of preventative measures to promote an individual’s capacity to keep themselves safe and to prevent harm occurring;

• establish clear guidance for reporting concerns that an adult is, or may be, at risk of being harmed or in need of protection and how these will be responded to;

• promote access to justice for adults at risk who have been harmed as a result of abuse, exploitation or neglect;

• promote a continuous learning approach to adult safeguarding.

## Principles

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

All adult safeguarding activity must be guided by five underpinning principles:

**A Rights-Based Approach:** To promote and respect an adult’s right to be safe and secure; to freedom from harm and coercion; to equity of treatment; to the protection of the law; to privacy; to confidentiality; and freedom from discrimination.

**An Empowering Approach:** To empower adults to make informed choices about their lives, to maximise their opportunities to participate in wider society, to keep themselves safe and free from harm and enabled to manage their own decisions in respect of exposure to risk.

**Person-Centred Approach:** To promote and facilitate participation of adults in decisions affecting their lives taking appropriate account of their views, wishes and feelings and, where appropriate, the views of others who have an interest in his or her safety and well-being.

**A Consent-Driven Approach:** To make a presumption that the adult has the ability to give or withhold consent; to make informed choices; to help inform choice through the provision of information, and the identification of options and alternatives; to have particular regard to the needs of individuals who require support with communication, advocacy or who lack the capacity to consent; and intervening in the life of an adult against his or her wishes only in particular circumstances, for very specific purposes and always in accordance with the law.

**A Collaborative Approach:** To acknowledge that adult safeguarding will be most effective when it has the full support of the wider public and of safeguarding partners across the statutory, voluntary, community, independent and faith sectors working together and is delivered in a way where roles, responsibilities and lines of accountability are clearly defined and understood. Working in partnership and a person-centred approach will work hand-in-hand.

All adults, regardless of age, ability or disability, gender, race, religious belief, 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[[1]](#footnote-1) 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, i.e., those who have a dependency on others or have different communication needs.

We recognise that an adult with a disability may or may not identify themselves or be identified as an adult ‘at risk’ or vulnerable.

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/volunteer, athlete, 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 Health and Social Care Trust.

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

* Adult Safeguarding: Prevention and Protection in Partnership (July 2015)
* Adult Safeguarding Operational Procedures (Sept 2016).
* The Protection of Freedoms Act 2012
* Family Homes and Domestic Violence (NI) Order 1998
* The Safeguarding Vulnerable Groups (NI) Order 2007
* The Sexual Offences (Northern Ireland) Order 2008
* The Human Rights Act 1998
* The Data Protection Act 1994 and 1998
* The Disability Discrimination Act 1995
* Justice Act (Northern Ireland) 2015

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

**Adult at risk of harm:** is a person aged 18 or over, whose exposure to harm through abuse, exploitation or neglect may be increased by their:

1. **Personal characteristics** which may include, but are not limited to, age, disability, special educational needs, illness, mental or physical frailty or impairment of, or disturbance in, the functioning of the mind or brain.

**AND/OR**

1. **Life circumstances** which may include, but are not limited to, isolation, socio-economic factors and environmental living conditions.

**Adult in need of protection:** is a person aged 18 or over, whose exposure to harm through abuse, exploitation or neglect may be increased by their:

a) Personal characteristics **AND/OR**

b) Life circumstances **AND**

c) Who is unable to protect their own well-being, property, assets, rights or other interests; **AND**

d) Where the action or inaction of another person or persons is causing, or is likely to cause, him/her to be harmed

**Abuse** is a violation of an individual’s human and civil rights by another person or persons. See page 6 for further explanations on the types of abuse.

**Adult** is anyone aged 18 or over.

**Adult Safeguarding** is protecting a person’s right to live in safety, free from abuse and neglect.

**Adult Safeguarding Champion (ASC)** this is a requirement for targeted services – i.e. all organisations or groups that have volunteers or staff who are required to be vetted at any level under the Safeguarding Vulnerable Groups (Northern Ireland) Order 2007. If an organisation or group does not have staff or volunteers who are required to be vetted, then it is not compulsory to have an ASC. However, having an ASC is identified as good practice for every group or organisation. All providers of targeted services are required to have an ASC and an adult safeguarding policy which demonstrates a zero tolerance of harm to adults.

Members of the public, voluntary and community groups NOT required to have an Adult Safeguarding Champion (ASC) should report all adults at risk or in need of protection safeguarding concerns directly to the Health and Social Care (HSC) Trust Adult Protection Gateway Service. They can do so by phoning the Trust’s single point of contact telephone number.

**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.

**Consent** is a clear indication of a willingness to participate in an activity or to accept a service. An adult at risk may signal consent verbally, by gesture, by willing participation or in writing. Decisions with more serious consequences will require more formal consideration of consent and appropriate steps should be taken to ensure consent is valid. No one can give, or withhold, consent on behalf of another adult unless special provision for particular purposes has been made for this, usually in law.

**Local Adult Safeguarding Partnerships (LASPs)** the five LASPs are located within, and accountable to, their respective HSC Trusts. Their role is to implement the Northern Ireland Adult Safeguarding Partnership (NIASP) Strategic Plan, policy and operational procedures locally. Each LASP has responsibility to promote all aspects of safeguarding activity in its area and to promote multi-disciplinary, multi-agency and interagency cooperation, including the sharing of learning and best practice.

**Northern Ireland Adult Safeguarding Partnership (NIASP)** is a regional collaborative body led by the Health and Social Care Board (HSCB). It is supported in its work by all its constituent members, who have made a commitment to adult safeguarding.

**Self‐Neglect** is when aconcern has arisen due to the person seriously neglecting his/her own care and welfare and putting him/herself and/or others at serious risk. Responding to cases of self‐neglect poses many challenges.

## Types of Abuse and Neglect

**Definitions from the Adult Safeguarding Operational Procedures 2016**

**Physical abuse:** Physical abuse is the use of physical force or mistreatment of one person by another which may or may not result in actual physical injury. This may include hitting, pushing, rough handling, exposure to heat or cold, force feeding, improper administration of medication, denial of treatment, misuse or illegal use of restraint and deprivation of liberty.

**Sexual violence and abuse**: Sexual abuse is any behaviour perceived to be of a sexual nature which is unwanted or takes place without consent or understanding. Sexual violence and abuse can take many forms and may include non-contact sexual activities, such as indecent exposure, stalking, grooming, being made to look at or be involved in the production of sexually abusive material, or being made to watch sexual activities. It may involve physical contact, including but not limited to non-consensual penetrative sexual activities or non-penetrative sexual activities, such as intentional touching (known as groping). Sexual violence can be found across all sections of society, irrelevant of gender, age, ability, religion, race, ethnicity, personal circumstances, socio-economic status or sexual orientation.

**Psychological / emotional abuse:** Psychological / emotional abuse is behaviour that is psychologically harmful or inflicts mental distress by threat, humiliation or other verbal/non-verbal conduct. This may include bullying, harassment, threats, humiliation or ridicule, provoking fear of violence, shouting, yelling and swearing, blaming, controlling, intimidation and coercion.

**Financial abuse:** Financial abuse/material abuse is actual or attempted theft, fraud or burglary. It is the misappropriation or misuse of money, property, benefits, material goods or other asset transactions which the person did not or could not consent to, or which were invalidated by intimidation, coercion or deception. This may include exploitation, embezzlement, withholding pension or benefits or pressure exerted around wills, property or inheritance.

**Institutional abuse:** Institutional abuse is the mistreatment or neglect of an adult by a regime or individuals in settings which adults who may be at risk reside in or use. This can occur in any organisation, within and outside the HSC sector. Institutional abuse may occur when the routines, systems and regimes result in poor standards of care, poor practice and behaviours, inflexible regimes and rigid routines which violate the dignity and human rights of the adults and place them at risk of harm. Institutional abuse may occur within a culture that denies, restricts or curtails privacy, dignity, choice and independence. It involves the collective failure of a service provider or an organisation to provide safe and appropriate services, and includes a failure to ensure that the necessary preventative and/or protective measures are in place.

**Neglect** occurs when a person deliberately withholds, or fails to provide, appropriate and adequate care and support which is required by another adult. It may be through a lack of knowledge or awareness, or through a failure to take reasonable action given the information and facts available to them at the time. It may include physical neglect to the extent that health or well-being is impaired, administering too much or too little medication, failure to provide access to appropriate health or social care, withholding the necessities of life, such as adequate nutrition, heating or clothing, or failure to intervene in situations that are dangerous to the person concerned or to others particularly when the person lacks the capacity to assess risk.

This policy does not include self- harm or self-neglect[[2]](#footnote-2) within the definition of an ‘adult in need of protection’. Each case will require a professional Health and Social Care (HSC) assessment to determine the appropriate response and consider if any underlying factors require a protection response. For example self- harm may be the manifestation of harm which has been perpetrated by a third party and which the adult feels unable to disclose.

**Exploitation** is the deliberate maltreatment, manipulation or abuse of power and control over another person; to take advantage of another person or situation usually, but not always, for personal gain from using them as a commodity. It may manifest itself in many forms including slavery, servitude, forced or compulsory labour, domestic violence and abuse, sexual violence and abuse, or human trafficking.

This list of types of harmful conduct is not exhaustive, nor listed here in any order of priority. There are other indicators which should not be ignored. It is also possible that if a person is being harmed in one way, he/ she may very well be experiencing harm in other ways.

**Not included in the Adult Safeguarding Operational Procedures but also relevant:**

**Domestic violence and abuse:** Domestic violence and abuse is threatening behaviour, violence or abuse (psychological, physical, verbal, sexual, financial or emotional) inflicted on one person by another where they are or have been intimate partners or family members, irrespective of gender or sexual orientation. Domestic violence and abuse is essentially a pattern of behaviour which is characterised by the exercise of control and the misuse of power by one person over another. It is usually frequent and persistent. It can include violence by a son, daughter, mother, father, husband, wife, life partner or any other person who has a close relationship with the victim. It occurs right across society, regardless of age, gender, race, ethnic or religious group, sexual orientation, wealth, disability or geography.

**Human trafficking:** Human trafficking involves the acquisition and movement of people by improper means, such as force, threat or deception, for the purposes of exploiting them. It can take many forms, such as domestic servitude, forced criminality, forced labour, sexual exploitation and organ harvesting. Victims of human trafficking can come from all walks of life; they can be male or female, children or adults, and they may come from migrant or indigenous communities.

**Hate crime:** Hate crime is any incident which constitutes a criminal offence perceived by the victim or any other person as being motivated by prejudice, discrimination or hate towards a person’s actual or perceived race, religious belief, sexual orientation, disability, political opinion or gender identity.

**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.

Victims of domestic violence and abuse, sexual violence and abuse, human trafficking and hate crime are regarded as adults in need of protection. There are specific strategies and mechanisms in place designed to meet the particular care and protection needs of these adults and to promote access to justice through the criminal justice system. It is essential that there is an interface between these existing justice-led mechanisms and the HSC Trust adult protection arrangements described in this policy.

**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.
* Someone losing or gaining weight / an unkempt appearance.
* A change in the behaviour or confidence of a person.
* Evidence of self-harm.
* Fear or anxiety of a particular group or individual.
* Person telling you / another person that they are being abused – i.e. a disclosure.

**Self‐Neglect**

Is when a person seriously neglects his/her own care and welfare and putting him/herself and/or others at serious risk. The seriousness of this issue lies in the recognition that self‐neglect in vulnerable persons is often not just a personal preference or a behavioural idiosyncrasy but a spectrum of behaviours associated with increased morbidity, mortality and impairments in activities of daily living. Therefore, self‐neglect referrals should be viewed as alerts to potentially serious underlying problems requiring evaluation and treatment (Naik et al, 2007).

People wish to respect autonomy and may not wish to be intrusive. However, if concerned or aware of a significant negative change in behaviour, clubs must consider making contact or alerting statutory services.

What to do if you have a concern or someone raises concerns with you.You may become aware that abuse or poor practice is taking place, suspect abuse or poor practice may be occurring or be told about something that may be abuse or poor practice. If so, you must report this to the (insert name of your organisation) Lead Safeguarding Officer, or, if the Lead Safeguarding Officer is implicated then report to the (insert name of your organisation) CEO/Chairperson.

If you are at an international event and have a concern then speak to the coach/team official and follow your organisation’s procedures.

If you are concerned someone is in immediate danger, contact the police straight away.

It is important when considering your concern that you also consider the needs and wishes of the person at risk, taking into account the nature of the concern.

How to Record a Disclosure  
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 Officer.

As long as it does not increase the risk to the individual, you should explain to them that it is your duty to share your concern with your Lead Safeguarding 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 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 police immediately.

## Who can abuse?

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 to outside sport and this is why those volunteering within sport must be able to recognise abuse. Abuse can be from:

* Spouses, friends, family, peers and neighbours
* People employed to provide care
* Volunteers
* Strangers

## Responding to Non-Recent Allegations of Abuse

It is possible that non-recent allegations of abuse can be made a number of years after the actual incident. This may be because of a change in circumstances for either the survivor or the alleged perpetrator. Any non-recent allegations must follow the current NAME OF ORGANISATION procedures. If there are grounds for concern then statutory authorities must be informed (Police or HSCT Adult Safeguarding Team). The following points should also be considered;

* Clearly establish with the adult complainant if there may be any others currently at risk of harm from the person they are saying abused them.
* Advise the person making the complaint that they should inform the Police. Encourage them to do so while acknowledging the brave steps they have already taken in beginning to talk about their experience. It is important that the person knows that there is a likelihood that an abuser will not have stopped abusing after their individual abuse ended and if the person harmed them they could be continuing to cause harm to others. This needs to be done without reinforcing the inappropriate guilt the survivor may already have for not coming forward earlier.
* If the complainant refuses to talk to the statutory authorities but has provided you with enough identifying factors then this information MUST be shared with the police. This breach of the complainants’ confidence is only appropriate if there is any potential that the alleged perpetrator is still a risk to other or could face prosecution (i.e. they are alive). Remember, the welfare of any person currently at risk needs to be considered in response to any request of confidentiality from the person providing you with the information/complaint. This should be explained to them at the earliest possible stage
* Offer support to the complainant when making a formal complaint to the police.
* Signpost the complainant to support agencies that can provide counselling.

When an adult making a complaint chooses not to report the matter to the police and you have already discussed the possibility of any other person still being at risk you MUST follow NAME OF ORGANISATION reporting procedures and inform the PSNI or Gateway Team immediately of any identifying features of the allegation including the name of the alleged abuser. The person making the complaint should be informed that this is the organisation’s moral and legal responsibility (Criminal Law Act 1967). If the individual wishes to remain anonymous this should be respected but again explaining that without any further cooperation there may be little action the Police can take to protect others. Encourage them to talk directly to the HSCT Adult Safeguarding Team, if not the Police, in order to enable social services to consider if there is any action they can take to protect others at risk, as their threshold for intervention is lower than the evidence required for any criminal justice prosecution.

## Barriers to reporting abuse

There can be many barriers to prevent a person reporting abuse including;

* simply not accepting that abuse could be occurring
* isolation and having fewer contacts to disclose to
* a dependency on others for practical assistance in daily living, including intimate care
* an impaired capacity to resist, avoid or understand abuse
* speech and language communication needs may make it difficult to tell others what is happening
* many adults at risk have learnt to be compliant
* others may be reluctance to challenge those who may often be viewed as valiantly coping with the burden of caring for an adult at risk and therefore not considered behaviour abusive

Safeguarding Adults Flowchart Dealing with Concerns, Suspicions, or Disclosure

There are concerns/suspicions about a person’s behaviour.  
OR  
There has been disclosure or an allegation about a person’s behaviour.

What are your concerns regarding?

Adult safeguarding

Yes

Investigated by Adult Safeguarding Officer/CEO with the support of the case management group/ Steering Group

* Call ambulance
* Tell doctor that there may be a safeguarding issue
* Call the police

Do you need to take action to ensure the immediate safety or medical welfare of the adult?

Is an adult Safeguarding Officer implicated?

Poor practice

Yes

No

Adult Safeguarding Officer follows their organisation’s policy in conjunction with Local Adult Safeguarding Partnership. Possible referral to Police/Adult Services/ NI Adult Safeguarding Partnership

Possible outcomes:

* Criminal proceedings
* Police enquiry
* Adult Care Safeguarding Assessment
* Disciplinary Measures
* Case management group to decide on the management of any remaining concerns
* No further action

Inform CEO

Make notes and complete Incident Report Form, submit to CEO.

Allocate person in the organisation to investigate.

Inform (insert name of your sport) Adult Safeguarding Officer. Make notes and complete Incident Report Form, submit to Adult Safeguarding Officer

No

Inform Adult Safeguarding Officer. Make notes and complete Incident Report Form, submit to Adult Safeguarding Officer

Is a Lead Safeguarding Officer implicated?

Yes

No

**Remember to involve the adult at risk throughout the process wherever possible. It is important to gain consent for any referrals to Adult Services if the person has capacity.** **The starting assumption must always be that a person has the capacity to make a decision unless it can be established via a functional assessment that they lack capacity.**

Roles and responsibilities

(insert name of your organisation) is committed to having the following in place:

* An adult safeguarding 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 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 are in place 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.

Good Practice, Poor Practice, and AbuseIt 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/volunteers of adult athletes:

• Adopt and endorse the (insert name of your organisation) Coaches Codes of Conduct.

• Have completed a course in [basic awareness](http://www.volunteernow.co.uk/training-and-standards/keeping-adults-safe) in working with Adults at Risk. See Volunteer Now: <http://www.volunteernow.co.uk/training-and-standards/keeping-adults-safe>

**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.

**Coaches and those working directly with adults at risk should:**

* Respect the developmental stage of each athlete and not risk sacrificing their welfare in a desire for team or personal achievement.
* Ensure that the training intensity is appropriate to the physical, social and emotional stage of the development of the athlete.
* Work with adults at risk, medical adviser and their carers (where appropriate) to develop realistic training and competition schedules which are suited to the needs and lifestyle of the athlete, not the ambitions of others such as coaches, team members, parents or carers.
* Build relationships based on mutual trust and respect, encouraging adults at risk to take responsibility for their own development and decision-making.
* Always be publicly open when working with adults at risk:
* Avoid coaching sessions or meetings where a coach and an individual athlete are completely unobserved.
* Avoid unnecessary physical contact with people. Physical contact (touching) can be appropriate so long as:
  + - It is neither intrusive nor disturbing.
    - The athlete’s permission has been openly given.
    - It is delivered in an open environment.
    - It is needed to demonstrate during a coaching session.
* Maintain a safe and appropriate relationship with athletes and avoid forming intimate relationships with athletes you are working with as this may threaten the position of trust and respect present between athlete and coach.
* Be an excellent role model by maintaining appropriate standards of behaviour.
* Gain the consent of the adult at risk and, where appropriate, the consent of relevant carers, in writing, to administer emergency first aid or other medical treatment if the need arises.
* Be aware of medical conditions, disabilities, existing injuries and medicines being taken and keep written records of any injury or accident that occurs, together with details of treatments provided.
* Arrange that someone with current knowledge of emergency first aid is available at all times.
* Gain written consent from the correct people and fill out relevant checklists and information forms for travel arrangements and trips. This must be the adult themselves if they have capacity to do so (see definition page 5).

**POOR PRACTICE**

The following are regarded as poor practice and should be avoided:

* Unnecessarily spending excessive amounts of time alone with an individual adult.
* Engaging in rough, physical or sexually provocative games, including horseplay.
* Allowing or engaging in inappropriate touching of any form.
* Using language that might be regarded as inappropriate by the adult and which may be hurtful or disrespectful.
* Making sexually suggestive comments, even in jest.
* Reducing an adult to tears as a form of control.
* Letting allegations made by an adult go un-investigated, unrecorded, or not acted upon.
* Taking an adult at risk alone in a car on journeys, however short.
* Inviting or taking an adult at risk to your home or office where they will be alone with you.
* Sharing a room with an adult at risk.
* Doing things of a personal nature that adults at risk can do for themselves.

***Note****: At times it may be acceptable to do some of the above. In these cases, to protect both the adult at risk and yourself, seek written consent from the* *adult at risk and, where appropriate, their carers and ensure that the Lead Safeguarding Officer of your organisation is aware of the situation and gives their approval.*

If, during your care, an adult at risk suffers any injury, seems distressed in any manner, appears to be sexually aroused by your actions, or misunderstands/ misinterprets something you have done, report these incidents as soon as possible to another adult in the organisation and make a brief written note of it.

Relevant Policies

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

* Safe recruitment
* Whistle Blowing
* Social media
* Complaints
* Disciplinary
* Training
* Equal Opportunities
* Dignity / Respect / Harassment / Bullying

## Further Information

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

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

**Review date**

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

## Appendix 1 -Incident Report Form (Add your Incident Report Form here, but sample below)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Incident record form : Adult Safeguarding** | | | | |
| ***Name of Club*** | | | | |
| **Record completed by:** | | | | |
| **Position:** | | | **Date:** | |
| **Adult at Risks Name:** |  | | | |
| **Adult at Risks Address:** |  | | | |
|  | | | |
|  | | | |
| **Adult at Risks Date of Birth:** |  | | | |
| **Parents/Carer’s Names and Address:** |  | | | |
|  | | | |
|  | | | |
|  | | | |
|  | | | |
|  | | | |
| **Date and time of any incident:** | | Date: Time: | | |
| **Your Observations:** | |  | | |
| **Detail exactly what the adult at risk said and what you said :**  (Remember do not lead the adult at risk – record actual details. Continue on a separate sheet if necessary) | |  | | |
| **Action taken so far:** | |  | | |
| **Club Adult Safeguarding Officer informed?**  **Yes  No** | | | | |
| **External Agencies contacted** | | | | |
| **Police**  **Yes  No**  **Station contacted:** | **Details of advice received:** | | | |
| **Name:** |
| **Contact no:** |
| **Adult Protection Gateway Services**  **Yes  No**  **Office contacted:** | **Details of advice received:** | | | |
| **Name:** |
| **Contact number:** |
| **Sport Governing Body**  **Yes  No** | **Details of advice received:** | | | |
| **Name:** |
| **Contact number:** |
| **Local Council or Education Department (if appropriate)**  **Yes  No**  **Org name:** | **Details of advice received:** | | | |
| **Name:** |
| **Contact number:** |
| **LASP’s**  **Yes  No** | **Details of advice received:** | | | |
| **Name:** |
| **Contact number:** |

## Appendix 2 - Legislation and Government Initiatives

**Adult Safeguarding: Prevention and Protection in Partnership (2015)**

<https://www.health-ni.gov.uk/sites/default/files/publications/dhssps/adult-safeguarding-policy.pdf>

**The Disability Discrimination Act 1995** [www.equalityni.org](http://www.equalityni.org)

**The European Convention on Human Rights can be accessed at:** [www.echr.coe.int/Documents/Convention\_ENG.pdf](http://www.echr.coe.int/Documents/Convention_ENG.pdf)

**The Human Rights Act 1998 can be accessed at:** [www.legislation.gov.uk/ukpga/1998/42/contents](http://www.legislation.gov.uk/ukpga/1998/42/contents)

**The UN Principles for Older Person’s (1991) can be accessed at:** <http://www.un.org/documents/ga/res/46/a46r091.htm>

**The UN Convention on the Rights of a Person with a Disability:** <https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities.html>

**Stopping Domestic and Sexual Violence and Abuse in NorthernIreland A Seven Year Strategy:**

<https://www.health-ni.gov.uk/sites/default/files/publications/dhssps/stopping-domestic-sexual-violence-ni.pdf>

**Safeguarding Vulnerable Groups (Northern Ireland) Order 2007:**

<https://www.health-ni.gov.uk/articles/safeguarding-vulnerable-groups-disclosure-and-barring-service>

**Sexual Offences (NI) Order 2008**<http://www.legislation.gov.uk/nisi/2008/1769>

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

**Keeping Adults Safe: A Shared Responsibility - Standards and Guidance for Good Practice in Adult Safeguarding Volunteer Now:** <http://volunteernow.co.uk/training-and-standards/keeping-adults-safe-a-shared-responsibility>

This publication contains the new standards and guidance for good practice in working with adults at risk. All organisations have a responsibility to ensure that adults are protected and this new publication will help your organisation to do this. The publication contains 8 sections each containing a standard and supporting guidance.

**Young people with learning disabilities who sexually abuse: understanding, identifying and responding from within generic education and welfare services**

<https://core.ac.uk/download/pdf/97893.pdf>

## Appendix 3 - Useful Contacts

(Insert relevant details for your organisation)

**HSC Trust Adult Safeguarding Team contact**

The Adult Safeguarding Gateway teams can be contacted at the following numbers:

|  |  |
| --- | --- |
| Northern Trust | 028 256 35512 |
| Western Trust | 028 716 11366 |
| South Eastern Trust | 028 925 01227 |
| Belfast Trust | 028 950 41744 |
| Southern Trust | 028 374 12015 or 028 374 12354. |
| Emergency (Out of Hours) Social Work | 028 9504 9999 |

**Police contact**

Name:

Email:

Telephone:

**Keeping Adults Safe: A Shared Responsibility - Standards and Guidance for Good Practice in Adult Safeguarding Volunteer Now:**

<http://volunteernow.co.uk/training-and-standards/keeping-adults-safe-a-shared-responsibility>

Contact: Ruth Mulholland 07871 174853 or email [ruth.mulholland@volunteernow.co.uk](mailto:ruth.mulholland@volunteernow.co.uk)

**Ann Craft Trust - Safeguarding Adults in Sport and Activity:**

Website: [www.anncrafttrust.org](http://www.anncrafttrust.org)

Email: [Ann-Craft-Trust@nottingham.ac.uk](mailto:Ann-Craft-Trust@nottingham.ac.uk)

Telephone: 0115 951 5400

**Helpline numbers**

24-hour Domestic Violence helpline – 0800 917 1414

Action on Elder Abuse helpline – 0808 808 8141

**Other sources of advice**

The Commissioner for Older People for Northern Ireland 028 90890892

This policy is based on one developed by the Anne Craft Trust

(May 2017)

1. The Disability Discrimination Act 1995 [www.equalityni.org](http://www.equalityni.org) [↑](#footnote-ref-1)
2. self‐neglect is an inability or unwillingness to provide for oneself [↑](#footnote-ref-2)