

Safeguarding Adult Policy and Procedures

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Commitment to Safeguarding

RPMAA is committed to creating and maintaining a safe and positive environment and accepts our responsibility to safeguard the welfare of all adults involved in martial arts in accordance with the Care Act 2014. This safeguarding adults policy and procedures apply to all individuals involved in RPMAA.

RPMAA 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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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.
- RPMAA 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 RPMAA for example inappropriate behaviour of an instructor, or in the wider community.
- All allegations will be taken seriously and responded to quickly in line with RPMAA Safeguarding Adults Policy and Procedures.
- RPMAA 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.”

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- 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

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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 fully take part in martial arts.

- 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.

Legislation & Statutory Guidance

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 2018

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:

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

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 (Mental Capacity Act 2005).

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.

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- 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.

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- 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.

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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 school/club who a participant comes into contact with. Or school/club members, workers, volunteers or instructors may suspect that a participant is being abused or neglected outside of the school/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.

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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 at RPMAA 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 RPMAA safeguarding trained staff. When raising your concern with the safeguarding trained staff, 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. 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.

How to respond to a concern

It is always difficult to hear about or witness harm or abuse. The following points will be helpful for both you and the adult should they choose to disclose abuse to you:

- Stay calm.
- Listen carefully to what is said and try not to interrupt.
- 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 a member of staff.
- Allow them to continue at their own pace.
- Ask questions for clarification only and avoid asking questions that suggest an answer (leading questions).
- Reassure them that they are not to blame and have done the right thing in telling you. If the concern is serious explain that you will need to get support from other trained people to help keep them safe.
- Be aware of the possibility of forensic evidence if the disclosure relates to a recent incident of physical harm or injury and try to protect any supporting materials e.g. bedding or clothing.

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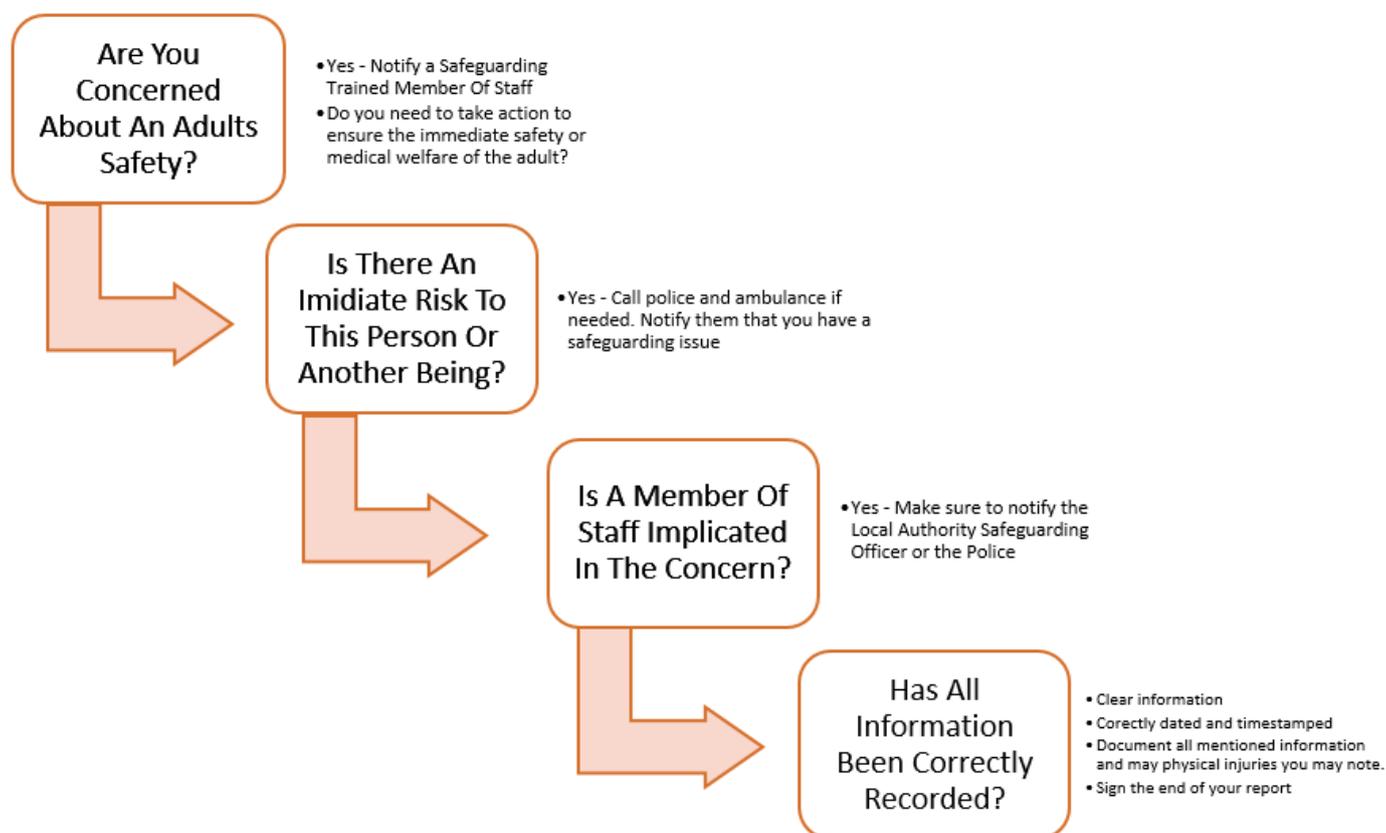
- Contact the RPMAA Safeguarding Trained Members Of Staff.

Where you are unable to contact a trained member of staff, advice can be sought from statutory agencies or the Local Authority Designated Lead. All serious concerns must be referred to statutory agencies.

Where the concern or allegation is about a member of staff or a volunteer, this must like all other concerns be reported to a trained member of staff. If they consider the concern to be serious, for example potential abuse or a crime, they must report the incident to the Local Authority Designated Officer or the Police.

Safeguarding Adults at Risk Flowchart

Remember to involve the adult at risk throughout the process wherever possible and gain consent for any referrals to social care if the person has capacity. Where there are concerns/suspicions about a person's behaviour OR There has been disclosure or an allegation about a person's behaviour.



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Recording

Should an adult make a disclosure, a record in writing must be made as soon as possible, using their words as closely as possible and where relevant, using the RPMAA report form. Note the date, time, any names mentioned, names and addresses to whom the information was given and who else is aware of the allegation. Note or describe clearly any visible injury.

Take care to distinguish between fact, observation, allegation and opinion. It is important that the information you have is accurate.

Recording of any incident, including possible abuse or poor practice incidents, should also follow this procedure. In all situations, including those in which the cause of concern arises either from a disclosure of abuse or from suspicion of abuse, it is vitally important to record the details, regardless of whether they are shared with a statutory agency, as soon as possible using the Incident Referral Form

The record should be clear and factual as it may be needed by child or adult protection agencies and may, in the future, be used as evidence in court. Records should be kept securely and shared only with those who need to know about the incident.

Throughout the process of any safeguarding cases, accurate records should be made and maintained.

Consent and Information Sharing

RPMAA is aware this area, albeit it has similarities, is different from Safeguarding Children. A full explanation of the duties around consent and information sharing can be found in further guidance provided.

Codes of Conduct and Ethics

The codes of conduct and ethics for all those involved RPMAA can be found as a separate guidance sheet. It is essential these are followed in so the highest possible standards of behaviour and conduct in Martial Arts activities are maintained. The principles must be adhered to at all times so that Martial Arts

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can be enjoyed by all. All those involved at RPMAA will show their understanding and commitment to the codes of conduct and ethics by signing a copy of the relevant guidance sheet.

Safer Recruiting

At RPMAA we take all reasonable steps to ensure unsuitable people are prevented from working with our students. Whilst there may be some reservations that volunteers could be put off by having to go through a recruitment process, it is important to ensure reasonable steps have been taken to identify unsuitable individuals.

Supervision, support and training

Once recruited, all staff and volunteers at RPMAA will be well informed, trained, supervised and supported to ensure that they effectively safeguard adults and know how to respond to any concerns.

RPMAA will ensure that training and resources are available to encourage the development of staff and volunteers. This will include:

- An induction to the work and the school/club
- A trial period in which to develop skills whilst supervised
- Ongoing support and monitoring

There are currently no formal qualifications specifically for safeguarding and protecting adults in sport. However, training developed by sports and other organisations is available to strengthen the skills and knowledge of the safeguard in order to safeguard adults. Training plays an important role in equipping staff and volunteers to do their job safely and effectively. Different safeguarding training is available depending on the person's role.

Whistleblowing

It's important that people within RPMAA have the confidence to come forward to speak or act if they're unhappy with anything.

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Whistleblowing occurs when a person raises a concern about dangerous or illegal activity, or any wrongdoing within their sports organisation. Further information can be found on the Whistleblowing Guidance Sheet.

Complaints

In order to ensure we develop an open culture where everyone at RPMAA feels able to express any concerns we have a procedure for dealing with complaints from a child, parent, carer, and guardian, adult at risk, instructor or volunteer.

This should be linked to the organisation's complaints procedures, ensuring the provision of support and advocacy for the people involved.

Good practice, poor practice and abuse

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

Good practice

A Code of Conduct Guidance sheet is provided to allow those involved at various levels to signify their understanding and agreement to follow good practice at RPMAA. RPMAA expects that instructors of adult athletes:

- Adopt and endorse the RPMAA Instructors Codes of Conduct.
- Have completed a course in basic awareness in working with and safeguarding Adults.
- Ensure everyone should:
 - Aim to make the experience of RPMAA 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.
 - Relevant Policies

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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 considered 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 considered 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.

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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.

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To help you to understand the MCA, consider the following five points:

- 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.
- 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.
- 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.
- 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.
- 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

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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.

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- 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.

Review date: 18TH May 2024

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