Vulnerable Adults Policy. Goju-Ryu Karate-Do International (GKI).

Creating a safe and welcoming environment in Karate recognising and responding to concerns

1. Policy Statement:

It is a fundamental human right to be safe from harm and abuse, and Goju-Ryu Karate-Do International (GKI) believe it is important to raise awareness of individuals in Karate who may be at risk.

This policy I written in accordance of The Care Act 2014. the context of The GKI will not tolerate abuse. The GKI is committed to providing a welcoming environment, activity and interest to all members of the community who wish to take part. The GKI has commitment to inclusion and to the celebration of diversity in Karate. Karate can play an important part in the lives of adults, including adults who are considered 'at risk'.

As well as welcoming different people into Karate, the GKI is committed to supporting people's involvement, making reasonable adaptations where necessary and working in as flexible manner as possible. Some individuals may also need to be protected some times-

this Adult Safeguarding policy therefore sits within a framework of 'welcome, support and protection' for adults in Karate. The provision of a safe and welcoming environment for all, where people of all backgrounds, abilities and needs are welcomed, and reasonable adaptations are made to allow them to take part, will create a culture where poor practice will be apparent to all, and where abusive behaviours would be unacceptable to all. The GKI will not tolerate the abuse of 'adults at risk' in any of its forms. This policy and procedure provides the framework for taking action when abuse may be taking place, whether this is within Karate or outside.

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 Karete 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.

1. 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

2. 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. See Appendix 1.

The GKI is committed to:

welcoming people into the sport and providing a positive experience that is genuinely inclusive making adaptations in a flexible manner to allow people of different ability, disability and/or impairment to have positive experiences of Karate taking action to protect adults involved in Karate that may be at risk seeking ways to improve the safety and well-being of all 'adults at risk' who take part in Karate emphasising that everyone in Karate has a responsibility to ensure the safety and well-being of all 'adults at risk' who take part.

Recognising that ability and disability can change over time, such that some adults may be additionally vulnerable to abuse, for example those who have a dependency on others or have different communication needs; recognising that a disabled adult may or may not be identified as an 'adult at risk'; improving outcomes for 'adults at risk' by adhering to current legislation that supports the safeguarding of adults and providing support and advice to everyone involved in Karate at all levels The GKI will:

- Manage its services is a way which minimises the risk of abuse occurring
- Support 'adults at risk' who are experiencing or have experienced abuse

• Work with ‘adults at risk’ and other agencies to tackle any abuse that may occur

• continually seeks ways to improve the safety and well-being of all ‘adults at risk’ who take part in Karate. In achieving these aims the organisation will:

• Ensure that relevant staff and volunteers have access to and are familiar with this Safeguarding Adult policy and procedure and their responsibilities within it

• Ensure concerns or allegations of abuse are always taken seriously

• Ensure that referrals are made to the appropriate authorities in a timely manner

• Ensure appropriate guidance and training in relation to safeguarding adults is made available to staff and volunteers.

• Ensure that participants in Karate, their relatives and/or informal carers have access to information about how to report concerns or allegations of abuse.

• Ensure that the GKI Safeguarding Team and the Inclusion and Diversity team provide support and advice.

• Ensure there is a named lead person to promote safeguarding awareness and practice within the organisation Carly Barrett-Greening: 07850 732303 and for GKI or the GKI Welfare Officer: see https://www.gki.org.uk/

The Safeguarding Adults policy has been developed to ensure that procedures are in place to protect adults, including those at risk, so that they are safe from harm and have an enjoyable Karate experience. It provides information about ways to successfully engage adults in Karate. It confirms that the abuse of anyone will not be tolerated in Karate, and where possible abuse involves an ‘adult at risk’, this policy and procedure provides the framework for action.

This policy states that it is everyone’s responsibility to ensure the safety and well-being of all participants.

2. Who is an ‘adult at risk’?

By ‘adults at risk’ we are referring to people aged 18 or over who have health or social care needs* (irrespective of whether or not these needs are being met by health or social care services) and are unable to safeguard themselves as a result who may be at risk of harm. *’social care needs’ may relate to the specific circumstances the person is in – for example, someone living with domestic violence or abuse, someone experiencing or at risk of sexual or commercial exploitation, someone at risk of or in a forced marriage.

The following examples may cause concern that an adult may be ‘at risk’:

• A member with a learning disability of the club being financially exploited by another member of the club

• A young woman confiding in her Instructor about a forthcoming holiday where she fears she will be married against her will

• A Instructor who regularly neglects the individual needs of disabled participants when training

• A player being ‘groomed’ for sexual abuse by his or her Instructor

• A player who frequently has unexplained bruises and injuries, and who will not change with their team-mates. Are people with disabilities ‘at risk’?

• Not all disabled adults are considered at risk. However, some disabled adults will have additional vulnerabilities and some adults who are not considered an ‘adult at risk’ at one particular time, may be so at another point.

• Welcome, Support, Protect

• The GKI has a three-tiered approach to safeguarding adults: Welcome: Support: Protect

• Advice and guidance on each area is available

GKI commitment to inclusion and diversity We want everyone who may enjoy Karate or benefit from taking part, to do so. Our strategy commits us to increasing the participation of non-traditional Karate communities, and to welcoming people who may be slightly nervous about becoming involved. In particular, we want to welcome more women and more people with disabilities. Everyone in Karate has the responsibility to be open and welcoming, and to reach out to the communities where our clubs are based. Good practice in welcoming people includes making sure the club, team or club explicitly states that new people are welcome, and that everyone is welcome.

There are already some examples of great practice where Karate has welcomed and embraced different communities – the rise in women, girls and disability Karate is testimony to this. We want to ensure that this welcome is extended to all communities, whatever their background. Support Some individuals to participate in Karate, in the way that they wish, with the minimum of support and adaptations required. Others will require a different approach that takes particular account of their needs and makes specific provision for these. A simple example of good practice is where a player with a learning disability has a playing ‘buddy’, a person who they can turn to for support, or if they have any questions about the session or game.

3. Protect

Occasionally an individual may need protecting. If an ‘adult at risk’ may require the protection of either the Police or Social Care Safeguarding Services, either because of something happening inside or outside of Karate, the GKI Safeguarding Team should be informed immediately. An example of good practice in passing concerns to the GKI Safeguarding Team would be where an ‘adult at risk’ has informed somebody that they are receiving text messages from another player that are sexually explicit and unwelcome. If it is unclear whether or not the individual would meet the definition of ‘at risk’, the information should be shared with the GKI Safeguarding Team, who will help make the decision. Where an adult does not meet the definition of ‘at risk’, either because they do not have a health or social care need, or it does not prevent them protecting themselves, then the matter can be dealt with as a complaint, but with appropriate levels of support provided depending on the adult’s particular needs. The GKI Safeguarding Team, in liaison with the Inclusion and Diversity team, can advise on what sort of support may be appropriate. Where a potential offence has been committed (as in the texting example above), the complainant should always be advised of their right to contact the police in the first instance, and advice sought from the GKI Safeguarding Team In any case and in all situations, if it is thought that a crime may be currently being committed, or in an Emergency situation, dial 101 or 999 and inform the police.

Any individual becoming aware that an adult may be suffering abuse, whether or not they meet the definition of ‘adult at risk’ has a responsibility to raise their concern with somebody: a relevant officer at the club / team / club, with the GKI Safeguarding Team, with the Police or with local Social Services.

4 - Different Types of Abuse of adults

This section provides information about different types of abuse and gives examples of how they may occur in Karate. The majority of adults, including ‘adults at risk’ live a life free from harm and abuse; however, some do suffer abuse. This is usually carried out by a family member, close family friend or person in a position of trust. Everyone involved in Karate is encouraged to be vigilant to such abuse.

Any or all of the different types of abuse may be perpetrated as the result of deliberate intent, negligence or ignorance.

Physical abuse: This may include hitting, slapping, shaking, throwing, pushing, kicking, biting, or otherwise causing physical harm to an individual. Physical harm may also be caused by the misuse of medication, inappropriate restraint, or inappropriate sanctions; Karate: examples would be incidents of violence such as the shoving and jostling of opponents, or where the nature and intensity of training or matches does not take account of an individual's needs, circumstances or health, to the point where they experience harm or distress.

Emotional abuse: This may include bullying, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks; Karate: emotional abuse may occur if people are subjected to undue or repeated criticism, name-calling, bullying, humiliation, threats, blame, sarcasm, or any discriminatory abuse, or because of unrealistic pressure to perform to expectations that are beyond their potential.

Sexual abuse: This may involve forcing or enticing an individual to take part in sexual activities (directly or indirectly) to which the individual has not consented, or could not consent or was pressured into consenting. This can include compelling 'adults at risk' to listen to or take part in talk of a sexual nature. Sexual abuse can occur through social media activity Karate: examples would range from the sharing of inappropriate jokes to the discomfort of individuals, through to activities of a criminal nature.

Financial abuse: includes theft, fraud, exploitation, pressure in connection with wills, property or inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits; Karate: an example in Karate would be an individual with a learning disability who is always expected to buy drinks for his 'mates', (see mate-crime) or exploited by being expected to host after match get togethers at his/her house at his/her expense 'Mate Crime' Mate Crime' is the phenomenon of people with disabilities being groomed by those who pretend to be their friends before being exploited by them financially, physically or sexually. An 'adult at risk' might be exploited by his or her peer group by being asked always to pay for after match drinks or always asked to do things on behalf of the group – which others are not e.g. pack the kit bags of other players after a game

Social media, electronic communication and online abuse: Abuse can occur through social media; this may be difficult to detect. It is important to remember that the type of abuse that can occur through social media always includes emotional and psychological abuse and can include sexual and financial abuse. Some examples of abuse that can occur through social media include:

• Unwanted sexual text messages (sexual abuse);

• Unwanted communication (emotional abuse);

• Inappropriate messaging; (emotional and sexual abuse);

• Requests for money (financial abuse);

• Harassment (emotional abuse);

• Intimidation (emotional abuse);

• Sexual coercion (sexual abuse);

• Stalking (emotional abuse); and

• Cyber-bullying (emotional abuse) Neglect and acts of omission includes ignoring medical or physical care needs, failure to provide access to appropriate health, social care or educational services, the withholding of necessities such as medication, adequate nutrition and heating Karate: neglect may be either intentional or unintentional. It could include situations such as officials not giving players appropriate breaks on hot days or Instructores not taking a player's injury seriously and asking them to continue playing.

Discriminatory abuse: includes abuse or ill-treatment based on a person's 'protected characteristics' under the Equality Act 2010. Karate: In Karate this type of abuse is often difficult to detect and it may not always be clear as to who is the perpetrator. Discrimination can be based on age, disability, ethnicity, gender, gender reassignment, HIV status, marital or civil partnership status, pregnancy or maternity, religion or sexual orientation, all of which are 'protected characteristics' under the Equality Act 2010 Examples of discrimination in Karate can include:

• Officials refusing to officiate in female matches;

• Female players not being given fair access to training and playing facilities;

• Male players using language such as 'you hit like a girl', or

• Language such as 'that was gay'.

• The use of racist language or behaviour Discrimination that takes the form of harassment is a criminal offence and needs to be reported to the police. 'Adults at risk' may also be seen to discriminate against each other, for example, using their disability as a joke with other disabled players. It is important to remember that the emotional impact of this type of joking or 'banter'

on the other player is not always evident and may constitute emotional abuse. It also sets a level of expectation amongst others who may hear or see this behaviour, as being an acceptable way to address someone with a disability. This is not acceptable in Karate and needs to be addressed straight away.

Institutional abuse: This mainly refers to neglect and poor professional practice. This may take the form of isolated incidents of poor or unsatisfactory professional practice, through to pervasive ill treatment or gross misconduct. Repeated instances of poor care may be an indication of more serious problems. Karate: Institutional abuse could occur due to poor management or practice causing harm. Within Karate an example might be where management put the success of a team before, and without due care and attention for, the health and well-being of individual players. This could happen at any level of the game. Other issues outside Karate Other issues outside Karate may be relevant.

These may include:

- Self-neglect or self-harm
- Hate crime
- Harassment and Intimidation
- Domestic abuse (including …forced marriage and honour-based crime)
- Human trafficking
- Abuse by another ‘adult at risk’
- Abuse by children
- Exploitation by people who promote violence

5. **Recognising Signs of Abuse**:

This section provides information about some signs of abuse, when to report concerns, and what to do when someone doesn’t want you to tell anyone else.

Why don’t ‘adults at risk’ always report abuse? Often adults feel disempowered and unable to speak about abuse that may be occurring to them. This is often due to fear about what people will say, or upset at not being able to resolve the situation for themselves.

What are the signs of abuse? Signs of abuse may include, but is not limited to:

• Unexplained or concerning injuries (cuts / bruises / stomach upsets);

• Inconsistent explanation for injury;

• Unexplained change in behaviour;

• Change in physical appearance (weight loss / weight gain / untidy);

• Change in behaviour (withdrawn / extroverted / tearful); • Sudden financial difficulties; and • Change in performance.

What are my responsibilities? When should I report a risk? You are not required to make assessments of whether someone is at immediate risk of harm or is likely to suffer harm. This is something for statutory agencies such as Police and Social Care to assess. Your responsibility is to report any concerns you may have and to report anything you may have witnessed. If you fail to respond and report a concern, an 'adult at risk' may continue to suffer harm. We all have a duty of care when it comes to reporting concerns.

What should I do if I have a concern? If you think anyone may be in danger, or that a crime may have been committed, do not hesitate to tell the police. If your team, club or club has an identified Adult Welfare Officer, share your concerns with them. If they do not, please contact the GKI's lead officer for Safeguarding: email safeguarding@GKI.co.uk for an initial discussion When reporting any information, it is important to do so with sensitivity for the people involved and the person who may have raised the concern. Recording

Make a written record of relevant information as it happens. This should include the date, venue, your concerns, the date and times of any conversations, who was involved, and what was said. Record actions taken.

What should I do if they don't want me to tell anyone else or I don't have consent to report a problem? Please consider the following:

1. Is the adult placing themselves at further risk of harm?

2. Is someone else likely to get hurt?

3. Has a criminal offence occurred? This includes: theft or burglary of items, physical abuse, sexual abuse, (financial abuse) or harassment.

4. 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 with the GKI

Safeguarding Team and Police or Social Care. If in doubt you should always share the information with the GKI Safeguarding Team who will make the decision about whether it is appropriate to share the information with statutory services. Please remember: If somebody is in a position where they may be at risk of immediate harm, always contact the Police or Social Care. Recording Make a written record of relevant information as it happens. This should include the date, venue, your concerns, the date and times of any conversations, who was involved, and what was said. Record actions taken

6. Responding to Concerns:

In this section we tell you what to do if you have a concern about the safety or wellbeing of an adult who may be an 'adult at risk' What do we mean by an 'adult at risk'? By 'adults at risk' we are referring to "people aged 18 or over who have health or social care needs* (irrespective of whether or not these needs are being met by health or social care services) and are unable to safeguard themselves as a result" who may be at risk of harm. *social care needs may relate to the specific circumstances the person is in – for example, someone living with domestic violence or abuse, someone experiencing or at risk of sexual or commercial exploitation, someone at risk of or in a forced marriage. (not an exhaustive list) This definition is taken from the 2011 Law Commission review and has been adopted by the GKI in association with a number of Sport Governing Bodies and the Sport and Recreation Alliance.

What should I do if I am worried about an adult in Karate who may be an 'adult at risk'? It is good to share your concerns with someone you trust. If your club, team or club has a designated Adult Welfare Officer, share your worries with them and agree a course of action. If there is nobody at the club you feel comfortable sharing your worries with, please contact the Safeguarding manager at the GKI: safeguarding@GKI.co.uk Somebody needs to talk to the person concerned, to let them know you are worried and ask them if they would like to talk to you or to someone else. (They have the right to say 'no')

What should I do if I am worried about the safety of an adult who may be an 'adult at risk'?

Someone needs to speak with the adult you are worried about and let them know that you are worried and want to get some support for them. If you need advice about how to do this, contact the GKI Safeguarding Manager.

What if I do not think they are able to make sensible decisions about receiving help? If you think the adult may not have the mental capacity to make appropriate decisions about their situation

you should seek the advice of local Social Care services or discuss the matter with the GKI Safeguarding Team, or where appointed, the Adult Welfare Officer.

What about adults who are not deemed ‘at risk’ ? Where an adult does not meet the definition of ‘at risk’, either because they do not have a health or social care need, or it does not prevent them protecting themselves, then the matter should be dealt with as a complaint, but with appropriate levels of support provided depending on the adult’s particular needs. The GKI Safeguarding Team, in liaison with the Inclusion and Diversity team, can advise on what sort of support may be appropriate.

Are all disabled people ‘adults at risk’ ? No. Many disabled people live independently and do not need the help of others, nor do they need Community Care services. Just because an adult has a disability does not necessarily mean they are ‘at risk.’ What should I write down? Make a written record of relevant information as it happens. This should include the date, venue, your concerns, the date and times of any conversations, who was involved, and what was said. Record actions taken.

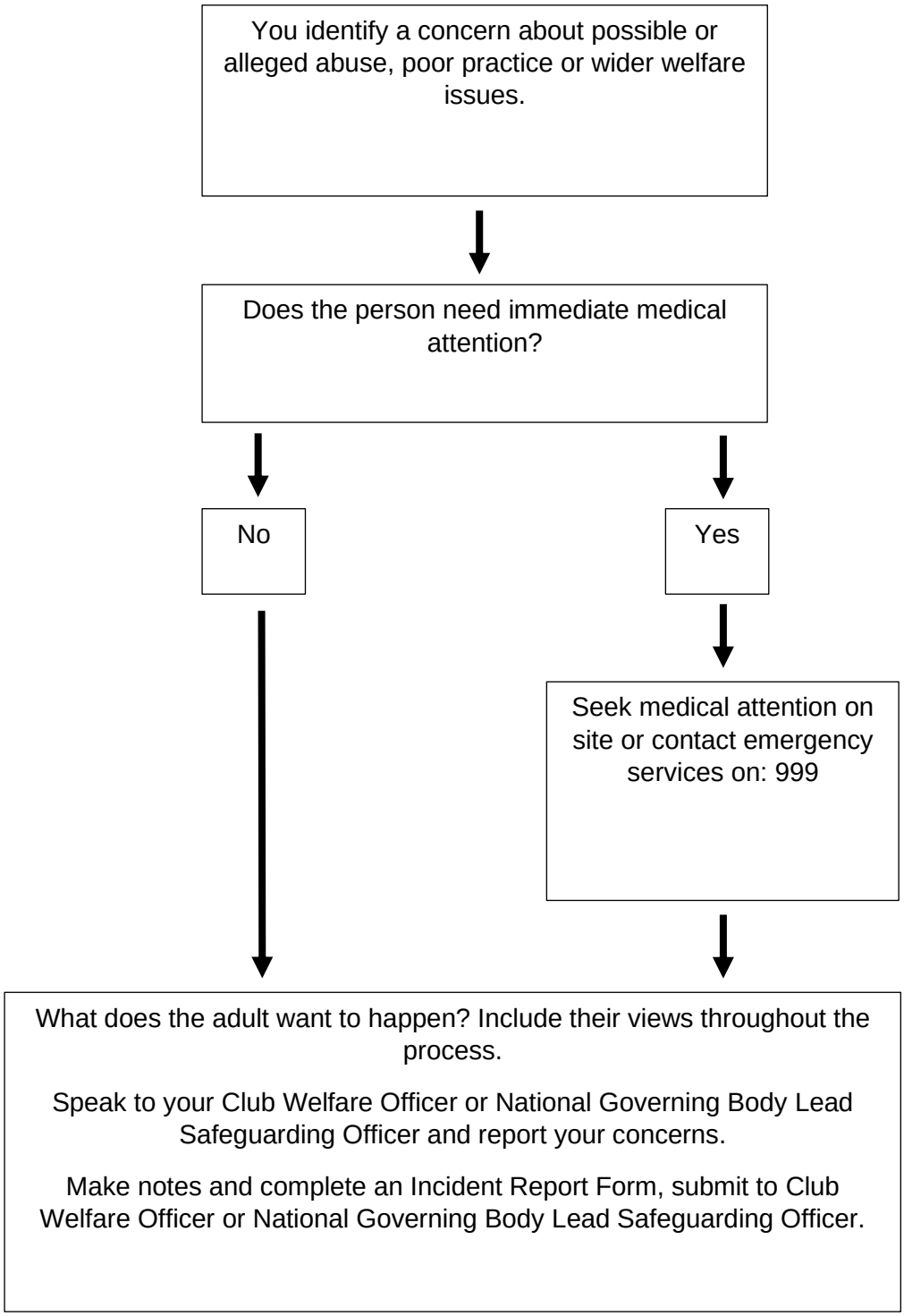
7 Self-reporting of concerns If you are an adult involved in Karate and you feel that you may have been abused, may still be being abused, or are otherwise unhappy about your treatment, it is important that you try to speak to someone. If the club, team or club has an Adult Welfare Officer, please talk to them. If not, please talk to someone you trust, or the local Social Care Department, or the Police. Recording Make a written record of relevant information as it happens. This should include the date, venue, your concerns, the date and times of any conversations, who was involved, and what was said. Record actions taken. You may contact the GKI Safeguarding Team.

If 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.



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.

Written in January 2020. Carly Barrett-Greening