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**Safeguarding Adults at Risk Policy and Procedures**

**Together Active**

**April 2021**

**Together Active**

**Safeguarding Adults at Risk Policy and Procedures**

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1. **Introduction and background to TOGETHER ACTIVE**

TOGETHER ACTIVE is a network of local agencies committed to working together to increase the number of people taking part in physical activity and sport. TOGETHER ACTIVE works with a range of partners to achieve this through a combination of strategic coordination, generic support services and direct delivery.

TOGETHER ACTIVE is one of six Active Partnerships within the West Midlands and one of forty-three across England.

As the lead strategic organisation for sport and physical activity in Staffordshire and Stoke-On-Trent, TOGETHER ACTIVE is committed to ensuring that all are able to participate and enjoy all forms of sport and physical activity in a safe and supportive environment.

Working with key local statutory agencies and the Ann Craft Trust (ACT) TOGETHER ACTIVE will encourage and support all partner organisations to fulfil their safeguarding adults at risk responsibilities through implementing their own policies and procedures.

**This policy and its associated procedures are mandatory for all staff, employed or voluntary, working to deliver projects that TOGETHER ACTIVE is directly responsible for. The purpose of this policy is to:**

* **Make clear TOGETHER ACTIVE’s commitment to safeguarding all adults and demonstrate how we are meeting the six key principles of the Care Act (2014).**
* **Provide guidance and clear procedures for staff working with adults.**
* **Form part of guidance documentation for partner organisations when developing their own adults at risk policies and to encourage them to work in line with national recommendations.**
* **Provide a reference framework for TOGETHER ACTIVE to check partner policies and procedures meet an appropriate minimum standard when commissioning or sub-contracting work that involves delivery to adults.**

TOGETHER ACTIVE has a separate Child Protection Policy in place that has been signed off by the Executive Board and there is also an annual Safeguarding Implementation Plan in place that is agreed and checked and challenged by the Child Protection in Sport Unit (CPSU) each year.

The Safeguarding Adults at Risk policy was last reviewed in April 2021 and formally adopted by the TOGETHER ACTIVE Executive Board in July 2021. This policy will be reviewed within 3 years of its published date or in light of new legislation or major incidents.

Current Safeguarding Lead Officer within TOGETHER ACTIVE:

Lijana Kaziow: [lijanakaziow@togetheractive.org](mailto:lijanakaziow@togetheractive.org) or 07889594823

Current Chief Executive of TOGETHER ACTIVE and Deputy Safeguarding Officer:

Carly Jones: [carlyjones@togetheractive.org](mailto:carlyjones@togetheractive.org) or 07814 131074

**1.1 Roles and Responsibilities**

TOGETHER ACTIVE has a strategic safeguarding function for the sub-region with an emphasis on facilitating, enabling and supporting partners to ensure they have up to date information, resources and policies in order to deliver activity safely and effectively. TOGETHER ACTIVE do not currently directly deliver or commission activity to adults at risk. Therefore, the risk of a concern or allegation being made against TOGETHER ACTIVE is minimal. The emphasis of this policy will reflect the strategic role of the TOGETHER ACTIVE team.

In the context of safeguarding and the implementation of this policy, TOGETHER ACTIVE will have a clear role in the following areas:

• Have an effective partnership with the Ann Craft Trust to ensure that this policy is fit for purpose and that we are kept aware of industry updates and training opportunities

• Work in partnership with the Ann Craft Trust in promoting and sharing examples of good practice to key partners relating to safeguarding work

• Ensure that the Safeguarding Lead Officers have been through appropriate training. For example, Ann Craft Trust training

• The Policy will be formally adopted by the Executive Board and reviewed every three years

• All members of the TOGETHER ACTIVE team and relevant members of the Executive Board shall receive a copy of the Policy and sign to say they have read and understood the Policy

• Ensure that concerns raised to the TOGETHER ACTIVE team are shared with relevant bodies such as the Ann Craft Trust or the relevant NGB and statutory bodies

• Ensure that concerns of adults at risk of abuse are responded to in the appropriate way as outlined in this policy

* Ensure an open dialogue with the Staffordshire and Stoke-On-Trent Adult Partnership Board for guidance on this Policy and ongoing advice and guidance

The policy and the role TOGETHER ACTIVE will play in its implementation will be available on the TOGETHER ACTIVE website.

In the case of another organisation being commissioned or funded by TOGETHER ACTIVE, a Service Level Agreement will be in place outlining expectations, roles and responsibilities and this will include:

• The organisation must have a suitable Safeguarding Adults at Risk Policy in place. This will be assessed via liaison with the Ann Craft Trust and recommended check and challenge tool for assessing policies and procedures.

• Any concerns or incidents would default to the commissioned organisations policies and procedures

• The TOGETHER ACTIVE Safeguarding Lead Officers must be informed of any concerns or incidents that are raised

The TOGETHER ACTIVE safeguarding adults at risk policy and procedures apply to all individuals, including volunteers, employed by TOGETHER ACTIVE.

**2.1 Principles**

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

**The six principles of adult safeguarding**

The Care Act 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.”

2.1.2 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.

2.1.3 The TOGETHER ACTIVE team will seek to ensure that sport or physical activity that we commission is inclusive and make reasonable adjustments for any ability, disability or impairment, we will also commit to continuous development, monitoring and review.

2.1.4 The rights, dignity and worth of all adults will always be respected.

2.1.5 We recognise that ability and disability can change over time, such that some adults may be additionally at risk of abuse, for example those who have a dependency on others or have different communication needs.

2.1.6 We recognise that a disabled adult may or may not identify themselves or be identified as an adult ‘at risk’.

2.1.7 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 the TOGETHER ACTIVE team, or in the wider community.

2.1.8 All allegations will be taken seriously and responded to quickly in line with the TOGETHER ACTIVE Safeguarding Adults Policy and Procedures.

2.1.9 TOGETHER ACTIVE 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.

1. **Guidance and Legislation**

3.1The practices and procedures within this policy are based on the principles contained within the UK and legislation and Government Guidance and have been developed to complement the Safeguarding Adults Boards policy and procedures, and 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 1994 and 1998

1. **Definitions**

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

4.1.1 **Adult at Risk** is a person aged 18 or over who is in need of care and support regardless of whether they are receiving them, and because of those needs are unable to protect themselves against abuse or neglect.

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.

4.1.2 **Abuse** is a violation of an individual’s human and civil rights by another person or persons. See section 5 for further explanations.

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

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

4.1.5 **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).

1. **Types of Abuse and Neglect - Definitions from the Care Act 2014**

5.1This is not intended to be an exhaustive list but an illustrative guide as to the sort of behaviour or issue which could give rise to a safeguarding concern.

5.1.1 **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. In sport this could be a player whose appearance becomes unkempt, does not wear suitable sports kit and deterioration in hygiene.

5.1.2 **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. In sport 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.

5.1.3 **Domestic Abuse** – including psychological, physical, sexual, financial and emotional abuse. It also includes so called 'honour' based violence. Sport may notice a power imbalance between a participant and a family member. For example a participant with Downs syndrome 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.

5.1.4 **Discriminatory Abuse** – discriminationis 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. This could be the harassing of a club member because they are or are perceived to be transgender

5.1.5 **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. In sport or physical activity, this could be training without a necessary break.

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

This could be a coach intentionally striking an athlete.

5.1.7 **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.

This could be a fellow athlete who sends unwanted sexually explicit text messages to an adult with a learning disability they are training alongside.

5.1.8 **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.

This could be someone taking equipment from an athlete with dementia.

5.1.9 **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.

This could be a coach not ensuring athletes have access to water.

5.1.10 **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.

This could be an athlete threatening another athlete with physical harm and persistently blaming them for poor performance.

**5.2 Not included in the Care Act 2014 but also relevant:**

5.2.1 **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.

5.2.2 **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.

5.2.3 **Mate Crime** - a ‘mate crime’ as defined by the Safety Net Project is ‘when adults at risk 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.

5.2.4 **Radicalisation** - the aim of radicalisation is to attract people to their reasoning, inspire new recruits and embed their extreme views and persuade at risk individuals of the legitimacy of their cause. This may be direct through a relationship, or through social media.

5.2.5 **Female Genital Mutilation (FGM)** - also known as female genital cutting and female circumcision, is the ritual cutting or removal of some or all of the external female genitalia. FGM is not an issue that can be decided on by personal preference – it is an illegal, extremely harmful practice and a form of abuse and violence against women and girls. It is usually hard to identify and but there are typically signs of discomfort when going to the toilet for example.

**6. Signs and indicators of abuse and neglect**

6.1 Abuse can take place in any context and by all manner of perpetrator. Abuse may be inflicted by anyone in a club or sport and physical activity environment 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:

6.1.1 Unexplained bruises or injuries – or lack of medical attention when an injury is present.

6.1.2 Person has belongings or money going missing.

6.1.3 Person is not attending / no longer enjoying their sessions.

6.1.4 Someone losing or gaining weight / an unkempt appearance.

6.1.5 A change in the behaviour or confidence of a person.

* + 1. They may self-harm.

6.1.7 They may have a fear of a particular group or individual.

6.1.8 They may tell you / another person they are being abused – i.e. a disclosure.

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

7.1 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 and you must report this to the Lead Safeguarding Officer, or, if the Lead Safeguarding Officer is implicated then report to the TOGETHER ACTIVE Director.

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

7.3 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 alert, more information on this is given in Appendix 2 Legislation and Government Initiatives - ‘The Legislative Framework’.

**8 How to Record a Disclosure**

8.1 Make a note of what the person has said using his or her own words as soon as practicable. Complete an Incident Form (Appendix 1) and submit to the TOGETHER ACTIVE Lead Safeguarding Officer.

8.2 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.

8.3 Describe the circumstances in which the disclosure came about.

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

8.5 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.

8.6 If the matter is urgent and relates to the immediate safety of an adult at risk then contact the police immediately.

**9. Safeguarding Adults Flowchart**

**Dealing with Concerns, Suspicions or Disclosure**

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

Inform Lijana Kaziow, Safeguarding Lead Officer or Carly Jones, Deputy Safeguarding Officer. Make notes and complete Incident Report Form, submit to Safeguarding Lead Officer

Inform Lijana Kaziow, Safeguarding Lead Officer or Carly Jones, Deputy Safeguarding Officer. Make notes and complete Incident Report Form, submit to Safeguarding Lead Officer

Investigated by Safeguarding Lead Officer / Director with the support of the case management group Steering Group

What are your concerns regarding? (see section 11 for further guidance)

Yes

No

Yes

No

Yes

No

**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**

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

Safeguarding Lead Officer follows their organisation’s policy in conjunction with local Multi Agency Safeguarding Adults Policy and Procedures. Possible referral to Police/Adult Social Care/ Multi Agency Safeguarding Hub/ Local Safeguarding Adults Board

Is the Safeguarding Lead Officer implicated?

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

Inform Director.

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

Allocate person in the organisation to investigate.

Is the Safeguarding Lead Officer implicated?

Adult safeguarding

Poor practice

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

**10 Roles and responsibilities of those within the TOGETHER ACTIVE team**

10.1 TOGETHER ACTIVE is committed to having the following in place:

10.1.1 A Lead Safeguarding Officer to produce and disseminate guidance and resources to support the policy and procedures.

10.1.2 A clear line of accountability within the organisation for work on promoting the welfare of all adults.

10.1.3 Procedures for dealing with allegations of abuse or poor practice against members of staff and volunteers. The procedures will be in line with our host authority Stafford Borough Council procedures.

10.1.4 A Disciplinary Panel will be formed as required for a given incident, if appropriate and should a threshold be met.

10.1.5 Arrangements are in place to work effectively with other organisations to safeguard and promote the welfare of adults, including arrangements for sharing information.

10.1.6 Appropriate whistle blowing procedures and an open and inclusive culture that enables safeguarding and equality and diversity issues to be addressed.

**11 Good practice, poor practice and abuse**

**Introduction**

It can be difficult to distinguish poor practice from abuse, whether intentional or accidental.

It is not the responsibility of any individual from the TOGETHER ACTIVE team to make judgements regarding whether or not abuse is taking place, however, all individuals in the TOGETHER ACTIVE team have the responsibility to recognise and identify poor practice and potential abuse, and act on this if they have concerns.

11.1 **Good practice**

It is expected that organisations that are commissioned by TOGETHER ACTIVE ensure that lead and assistant coaches / leaders / activators of adult athletes:

• Adopt and endorse the relevant organisation Coaches Codes of Conduct.

• Have completed a course in basic awareness in working with Adults at Risk.

**Everyone should:**

* Aim to make the experience 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 adult at risk consent 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.
  1. **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 uninvestigated, 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/Welfare 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.

**12 Relevant Policies - This policy should be read in conjunction with the following policies:**

* Safeguarding and Child Protection Policy
* Equity Policy
* Whistleblowing
* Recruitment Policy
* Disciplinary Policy

**13 Further Information**

Policies, procedures and supporting information are available on the TOGETHER ACTIVE website: [www.togetheractive.org](http://www.togetheractive.org)

**Review date**

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

**Appendix 1**

**Incident Report Form**

**Incident Report Form: Please complete and submit to the Lead Safeguarding Officer**

Your Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of completing this form:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please fill in the details below regarding the alleged perpetrator (as much as you know):

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Telephone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Where the incident took place:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organisation the individual is deployed by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please fill in the details below regarding the adult at risk:

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of carer (if applicable):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email of adult at risk / carer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone of adult at risk / carer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have consent to share these contact details outside of Together Active? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please summarise the details of the concern: What is alleged to have taken place, where and when. Are there any other witnesses? What does the adult concerned say?

Please specify if you have taken any other further action such as referring to another organisation or any other action

Please detail any other relevant information

Contacts:

Lijana Kaziow: [lijanakaziow@togetheractive.org](mailto:lijanakaziow@togetheractive.org) or 07889594823

**Appendix 2**

**Legislation and Government Initiatives**

**Sexual Offences Act 2003**<http://www.legislation.gov.uk/ukpga/2003/42/contents>

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

**Mental Capacity Act 2005**<http://www.legislation.gov.uk/ukpga/2005/9/introduction>

Its general principle is that everybody has capacity unless it is proved otherwise, that they should be supported to make their own decisions, that anything done for or on behalf of people without capacity must be in their best interests and there should be least restrictive intervention. www.dca.gov.uk

**Safeguarding Vulnerable Groups Act 2006**<http://www.legislation.gov.uk/ukpga/2006/47/contents>

Introduced the new Vetting and Barring Scheme and the role of the Independent Safeguarding Authority. The Act places a statutory duty on all those working with adults at risk groups to register and undergo an advanced vetting process with criminal sanctions for non-compliance. www.opsi.gov.uk

**Deprivation of Liberty Safeguards**<https://www.gov.uk/government/collections/dh-mental-capacity-act-2005-deprivation-of-liberty-safeguards>

Introduced into the Mental Capacity Act 2005 and came into force in April 2009. Designed to provide appropriate safeguards for people at risk who have a mental disorder and lack the capacity to consent to the arrangements made for their care or treatment, and who may be deprived of their liberty in their best interests in order to protect them from harm.

**Disclosure & Barring Service 2013**<https://www.gov.uk/government/organisations/disclosure-and-barring-service/about>

Criminal record checks: guidance for employers - How employers or organisations can request criminal records checks on potential employees from the Disclosure and Barring Service (DBS). [www.gov.uk/dbs-update-service](http://www.gov.uk/dbs-update-service)

**The Care Act 2014 – statutory guidance**<http://www.legislation.gov.uk/ukpga/2014/23/introduction/enacted>

The Care Act introduces new responsibilities for local authorities. It also has major implications for adult care and support providers, people who use services, carers and advocates. It replaces No Secrets and puts adult safeguarding on a statutory footing.

**Making Safeguarding Personal Guide 2014**

<http://www.local.gov.uk/documents/10180/5852661/Making+Safeguarding+Personal+-+Guide+2014/4213d016-2732-40d4-bbc0-d0d8639ef0df>

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

**Appendix 3**

**Useful contacts**

**TOGETHER ACTIVE**

Current Safeguarding Lead Officers within TOGETHER ACTIVE:

Lijana Kaziow: [lijanakaziow@togetheractive.org](mailto:lijanakaziow@togetheractive.org) or 07889594823

Current Chief Executive within TOGETHER ACTIVE:

Carly Jones: [carlyjones@togetheractive.org](mailto:carlyjones@togetheractive.org) or 07814 131074

Report a concern to Together Active

**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

**Staffordshire and Stoke-On-Trent Adult Safeguarding Partnership**

If you wish to contact the Staffordshire and Stoke-on-Trent Adult Safeguarding Partnership Board please use the details below:

**Telephone:**

01785 854071

**Email:**

[SSASPB.admin@staffordshire.gov.uk](mailto:SSASPB.admin@staffordshire.gov.uk)

How to respond if you think someone with care and support needs is being abused or neglected. Remember, suspicion is enough.

If it is an emergency and someone is seriously hurt, or the abuser is still with the adult and they are in immediate danger ring the Police on **999.**

**If the adult lives in Stoke:**

**Telephone:**   0800 561 0015 at any time

**Minicom:**      01782 236037

**If the adult lives in Staffordshire:**

**Telephone:** 0345 604 2719 Monday to Thursday 8:30am to 5pm,

Fridays 8:30am to 4:30pm, excluding Bank Holidays

0345 604 2886 at any other time

Don’t worry if you are not sure, the person on the phone will help you to forward your concerns to the right team.

## Appendix 4 Safeguarding Role Descriptions

Safeguarding Lead Officer:

The designated person within an organisation has primary responsibility for putting into place procedures to safeguard adults at risk, supporting local clubs and organisations that are involved in physical activity across the county and welfare/safeguarding leads, where relevant and for managing concerns about adults at risk.

Duties and responsibilities include:

* Working with others within the organisation to create a positive inclusive environment within the sport/physical activity.
* Play a lead role in developing and establishing the organisation’s approach to safeguarding adults and in maintaining and reviewing the organisation’s implementation plan for safeguarding adults in line with current legislation and best practice.
* Coordinate the dissemination of the safeguarding adult policy, procedures and resources throughout the organisation.
* Contribute to ensuring other policies and procedures are consistent with the organisation’s commitment to safeguarding adults.
* Advise on the organisation’s training needs and the development of its training strategy.
* Receive reports of and manage cases of poor practice and abuse reported to the organisation – including an appropriate recording system.
* Support the chief executive to co-ordinate the case management process.
* Manage liaison with, and referrals to, external agencies for example adult social-care services and the police.
* Create a central point of contact for internal and external individuals and agencies concerned about the safety of adults within the organisation.
* Provide advice and support to safeguarding / welfare officers in the area.
* Represent the organisation at external meetings related to safeguarding.

## Appendix 5 Case Management Group

Case Management Groups comprise of a select number of individuals with identified and relevant skills, knowledge experience and/or status within the organisation and include at least one member with safeguarding adult expertise. The group’s role and decision-making powers need to be embedded within the organisation’s governance structure and be linked to related organisational functions such as codes of conduct, and the disciplinary policy and procedures.

The senior management team and Together Active Board should receive regular reports from the Case Management Group summarising the cases that have been addressed and their outcomes, as well as any issues that require action by Together Active e.g. changes to policy or procedures.

Case Management Groups should have clear terms of reference. They may be ‘standing committees’ who meet regularly or can be brought together as the need arises.

Case Management Group roles include:

* to ratify any actions already taken by Safeguarding Lead Officer.
* to initially assess and agree immediate response to a safeguarding case (does there appear to be a case to answer?).
* to identify appropriate ‘route’ for case (e.g. internal/ disciplinary action alone or referral to statutory agencies plus internal/ disciplinary action).
* to decide the level (from local to national) at which the organisation will deal with the concern.
* to consider the need for temporary/ interim suspension order (some organisations’ Case Management Group issue suspensions directly, while others can only make recommendations to their disciplinary group).
* to review progress of case(s).
* to identify/ communicate learning from cases.

Case Management Groups’ membership should include:

* A designated Chair
* A secretary (often the designated Safeguarding Lead).
* Mangers from relevant parts of the organisation where appropriate e.g. Human Resources, Membership, Legal.
* Co-opted independent safeguarding expertise (e.g. from another Sport or relevant profession such as the Police or Social services).

Together Active’s Case Management group consists of:

Carly Jones (Chair), Lijana Kaziow (Secretary), Abi Dean (Board Safeguarding Champion) and a representative from either the Ann Craft Trust or Local Safeguarding Adults Board.

## Appendix 6 Sources of Information and Support

**Action on Elder Abuse**

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

[Tel: 020 8765 7000](Tel:020%208765%207000)Email: [enquiries@elderabuse.org.uk](mailto:enquiries@elderabuse.org.uk)[www.elderabuse.org.uk](http://www.elderabuse.org.uk/)

**Ann Craft Trust** **(ACT)**

A national organisation providing information and advice about adult safeguarding. ACT have a specialist Safeguarding Adults in Sport and Activity team to support the sector

Tel: 0115 951 5400

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

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

**Men’s Advice Line**

For male domestic abuse survivors

Tel: 0808 801 0327

**National LGBT+ Domestic Abuse Helpline**Tel: 0800 999 5428

**National 24Hour Freephone Domestic Abuse Helplines**

**Tel:** 0808 2000 247

[www.nationaldahelpline.org.uk/Contact-us](http://www.nationaldahelpline.org.uk/Contact-us)

**Rape Crisis Federation of England and Wales**

Rape Crisis was launched in 1996 and exists to provide a range of facilities and resources to enable the continuance and development of Rape Crisis Groups throughout Wales and England.

Email: [info@rapecrisis.co.uk](mailto:info@rapecrisis.co.uk)[www.rapecrisis.co.uk](http://www.rapecrisis.co.uk/)

**Respond**

Respond provides a range of services to victims and perpetrators of sexual abuse who have learning disabilities, and training and support to those working with them.

[Tel: 020 7383 0700](tel:%20020%207383%200700) or

[0808 808 0700](tel:%200808%20808%200700) (Helpline)   
Email: [services@respond.org.uk](mailto:services@respond.org.uk)[www.respond.org.uk](http://www.respond.org.uk/)

**Stop Hate Crime**

Works to challenge all forms of Hate Crime and discrimination, based on any aspect of an individual’s identity. Stop Hate UK provides independent, confidential and accessible reporting and support for victims, witnesses and third parties.

24 hours service:

Telephone: 0800 138 1625

Web Chat: [www.stophateuk.org/talk-to-us/](http://www.stophateuk.org/talk-to-us/)

E mail: [talk@stophateuk.org](mailto:talk@stophateuk.org)

Text: 07717 989 025  
Text relay: 18001 0800 138 1625  
By post: PO Box 851, Leeds LS1 9QS

**Susy Lamplugh Trust**

The Trust is a leading authority on personal safety. Its role is to minimise the damage caused to individuals and to society by aggression in all its forms – physical, verbal and psychological.

[Tel: 020 83921839](tel:%20020%2083921839)[Fax: 020 8392 1830](http://fax:%20020%208392%201830/)Email: [info@suzylamplugh.org](mailto:info@suzylamplugh.org)[www.suzylamplugh.org](http://www.suzylamplugh.org/)

**Victim Support**

Provides practical advice and help, emotional support and reassurance to those who have suffered the effects of a crime.

Tel: 0808 168 9111

[www.victimsupport.com](http://www.victimsupport.com/)

**Women’s Aid Federation of England and Wales**

Women’s Aid is a national domestic violence charity. It also runs a domestic violence online help service.

[www.womensaid.org.uk/information-support](http://www.womensaid.org.uk/information-support/)