



St Mary's
University
Twickenham
London

Sport St Mary's Adult Safeguarding Policy

Updated:	January 2023 – Andrew Reid-Smith (SSM LSO)
Approved:	Kevin Daly (Sport Operations) & Gareth Crewe (Sport Development)
Review Date:	January 2025

Contents

1	Introduction	P.3
2	Principles in Relation to Adults at Risk	P.3
3	Making Safeguarding Personal	P.3
4	Guidance and Legislation	P.4
5	Guidance on Types of Harm	P.5
6	Responsibilities and Implementation	P.7
7	Complaints, Concerns and Allegations	P.7
8	Responding to Disclosure of Abuse	P.10
9	Signs and Indicators of Abuse and Neglect	P.11
10	Consent	P.12
11	Things to Remember	P.13
12	Consent and Information Sharing	P.15

1. Introduction

Sport St Mary's (SSM) is committed to creating and maintaining a safe and positive environment for all individuals that use St Mary's sport facilities and/or participate in SSM programmes.

Safeguarding duties apply to an adult who:

- Has needs for care and support (whether 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.

2. Principles in Relation to Adults at Risk

The Care and Support Statutory Guidance Section 14.3 sets out the following six key principles which underpin all adult safeguarding work:

- Empowerment – people being supported and encouraged to make their own decisions and to give informed consent.
- Prevention – it is better to act before harm occurs.
- Proportionality – the least intrusive response appropriate to the risk presented.
- Protection – support and representation for those in greatest need.
- Partnership – local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.
- Accountability – accountability and transparency in delivering safeguarding.

3. Making Safeguarding Personal

This is the concept that adult safeguarding should be person led and outcome focused. 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, wellbeing 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.

The principles of the Mental Capacity Act 2005 (MCA) state that every individual has the right to make their own decisions and provides the framework for this to happen.

In addition, SSM recognises the following principles which underpin our work with all groups and individuals who may have additional needs for support and protection:

- It is every adult's right to be protected from abuse irrespective of their age, gender identity, faith or religion, culture, ethnicity, sexual orientation, background, economic position, marital status, disability or level of ability.
- All SSM staff and volunteers share the responsibility for the protection of adults at risk and will show respect and understanding for their rights, safety and welfare.
- The additional vulnerability of disabled adults (including those with invisible disabilities, learning and communication differences) is recognised.
- Allegations of abuse or concerns about the welfare of any adult will be treated seriously and will be responded to swiftly and appropriately.
- SSM recognises the role and responsibilities of the statutory agencies in safeguarding adults and is committed to complying with the procedures of the Local Authority Single Point of Access (SPA).
- Confidentiality will be maintained appropriately at all times and the adult's safety and welfare must be the overriding consideration when making decisions on whether to share information about them.
- SSM will support all adults to understand their roles and responsibilities with regards to safeguarding and protecting adults at risk, including the responsibility to report all concerns in line with the SSM Adult Safeguarding Policy.
- All participants that use St Mary's sport facilities and/or participate in SSM programmes have the right to be listened to with respect and to be heard.

4. Guidance and Legislation

The 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 the University's Safeguarding Policy and the supporting policy on Children, Young People and Vulnerable Adults. This policy also takes 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

5. Guidance on Types of Harm

The Care Act 2014 recognises ten categories of abuse that may be experienced by adults.

Self-Neglect

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

Modern Slavery

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

Domestic Abuse

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

Discriminatory

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

Organisational

This includes neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one's own home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice because of the structure, policies, processes and practices within an organisation.

Physical

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

Sexual

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

Financial or Material

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

Neglect/Acts of Omission

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

Emotional or Psychological

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

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

Cyber Bullying

Cyberbullying occurs when someone repeatedly makes fun of another person online or repeatedly picks on another person through emails or text messages, or uses online forums with the intention of harming, damaging, humiliating or isolating another person. It can be used to carry out many different types of bullying (such as racist bullying, homophobic bullying, or bullying related to special educational needs and disabilities) but instead of the perpetrator carrying out the bullying face-to-face, they use technology to do it.

Forced Marriage

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

Mate Crime

A 'mate crime' is when at risk 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 several 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 directly through a relationship, or through social media.

6. Responsibilities and Implementation

SSM will seek to promote the principles of safeguarding by:

- The SSM Adult Safeguarding Policy will be reviewed by the SSM LSO and the Assistant Heads (Sport Operations, and Sport Development) at least every two years or as changes in legislation or best practice happen.
- Giving guidance on appropriate recruitment procedures to assess the suitability of staff and volunteers working with at risk groups.
- Following procedures to report welfare concerns and allegations about the behaviour of adults and ensuring that staff, volunteers and participants, are aware of these procedures.
- Directing staff and volunteers to appropriate safeguarding training and learning opportunities, where this is appropriate to their role.

7. Complaints, Concerns and Allegations

As a student, participant, parent, guardian, carer, member of staff or volunteer you may be concerned about the welfare of an adult, become aware that abuse or poor practice is taking place, suspect abuse or poor practice may be occurring or be told something that may be abuse or poor practice. These concerns should be brought to the attention of either the SSM Lead Safeguarding Officer (LSO) or any of the Designated Safeguarding Officers (DSO's). These are listed below:

SSM LSO

Andrew Reid-Smith, Head of Sport

020 8240 4330

andrew.reid-smith@stmarys.ac.uk

SSM DSO's

Kevin Daly, Assistant Head – Sport Operations

020 8240 4229

kevin.daly@stmarys.ac.uk

Robert Watson, Sports Centre Manager

020 8240 4229

robert.watson@stmarys.ac.uk

The person reporting the concern is not required to decide whether abuse has occurred, but simply should pass on their concerns and any relevant information to any of the contacts listed above. All concerns will be treated in confidence. Details should only be shared on a 'need to know' basis with those who can help with the management of the concern.

If the SSM LSO is away from St Mary's, a DSO will contact one of the other designated LSO's who are listed below:

Jane Chambers, Interim Director of the Institute of Education
jane.chambers@stmarys.ac.uk

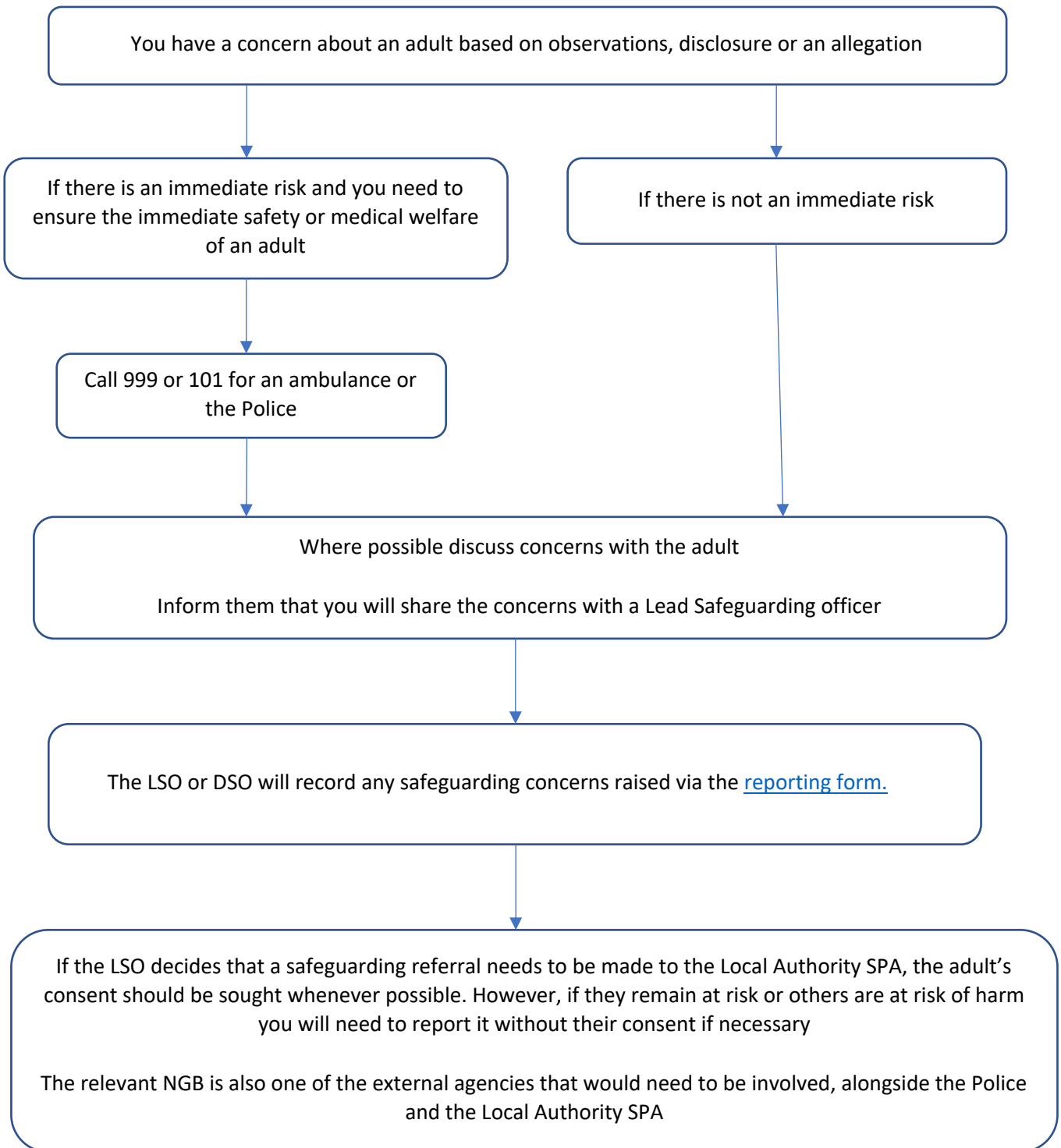
Alison Henderson, Interim Director of Human Resources
alison.henderson@stmarys.ac.uk

Helen A'Court, Head of Registry Services
helen.acourt@stmarys.ac.uk

Chris Paget, Director of Estates and Campus Services
chris.paget@stmarys.ac.uk

Sue Whitham, Head of Student Services
sue.whitham@stmarys.ac.uk

On receiving a report that is judged to be a safeguarding concern, the LSO will unfold the Safeguarding Reporting process below.



The relevant NGB is also one of the external agencies that would need to be involved, alongside the Police and Local Authority SPA. Also, any examples that involve SSM staff or students, would be reported to either HR or the Registry as appropriate. Any internal investigation and action relating to potential serious breaches of Codes of Conduct, the Staff Disciplinary Policy or Student Disciplinary Policy, may need to unfold alongside wider external agency processes, and the SPA may advise on this.

Safeguarding adults at risk requires everyone to be committed to the highest possible standards of openness, integrity and accountability. SSM supports an environment where everyone is encouraged to raise any genuine adult safeguarding concerns. Anyone who reports a legitimate concern to SSM (even if their concerns subsequently appear to be unfounded) will be supported. All concerns will be taken seriously.

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

8. Responding to Disclosure of Abuse

If an adult indicates that they are being abused the person receiving the information should:

- Stay calm.
- Listen carefully to what is said, allowing the adult to continue at their own pace, and take it seriously.
- Explain that it is likely the information will have to be shared with others, and not promise to keep secrets.
- Keep questions to a minimum, only ask questions if you need to identify or clarify what the person is telling you. Take care to distinguish between fact, observation, allegation and opinion. It is important that the information you have is accurate.
- Reassure the person that they have done the right thing in revealing the information.
- Ask them what they would like to happen next.
- Explain what you would like to do next and ask if they are happy for you to share the information to help them. If it does not increase the risk to the individual, you should explain to them that it is your duty to share your concern with the LSO.
- Record in writing what was said using the adult's own words as soon as possible.

You SHOULD NOT:

- Dismiss the concern.
- Panic or allow shock or distaste to show.

- Probe for more information than is offered.
- Make promises that cannot be kept.
- Investigate the case.
- Make negative comments about the alleged perpetrator.

If the matter is urgent and relates to the immediate safety of an adult at risk, then contact the Police immediately. Complete the report form and copy it to the appropriate NGB Lead Safeguarding Officer within 24 hours.

A range of NGB contacts are listed below:

British Gymnastics

0345 1297 129

integrity@british-gymnastics.org

Football Association

safeguarding@thefa.com

Middlesex FA

020 8515 1919

safeguarding@middlesexfa.com

Lawn Tennis Association

safeguarding@lta.org.uk

The Rugby Football Union

020 8831 6655

safeguarding@rfu.com

British Athletics

07920 532 552

safeguarding@uka.org.uk

9. Signs and Indicators of Abuse and Neglect

Abuse can take place in any context. Abuse may be inflicted by anyone. Students, participants, parents, guardians, carers, members of staff, coaches or volunteers may suspect that an adult is being abused or neglected in a sport setting or outside of this. 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.
- A person having belongings or money going missing.

- A person is not attending or is no longer enjoying their sessions.
- Someone losing or gaining weight, or becoming unkempt, or perhaps a change in the behaviour or confidence of that person.
- Self-harm.
- A fear of a particular group or individual.
- A disclosure, they may tell you or tell someone else that they are being abused.

10. Consent

The Care Act 2014 statutory guidance advises that the priority in safeguarding should always be to ensure the safety and wellbeing of the adult.

Adults have a general right to independence, choice and self-determination including control of information about themselves.

SSM does not expect students, participants, parents, guardians, carers, members of staff, coaches or volunteers to support an adult who is felt to be at risk. They should report this to the SSM LSO or DSO's without delay so that they can clearly assess the appropriate options to help support the adult at risk to decide about their safety.

Adults may not give their consent to the sharing of safeguarding information outside of the organisation for several reasons. For example, they may be unduly influenced, coerced or intimidated by another person, they may be frightened of reprisals, they may fear losing control, they may not trust social services or other partners, or they may fear that their relationship with the abuser will be damaged. Reassurance and appropriate support may help to change their view on whether it is best to share information.

Those seeking to support the adult should consider the following:

- Explore the reasons for the adult's objections – what are they worried about?
- Explain the concern and why you think it is important to share the information.
- Tell the adult who you will share the information with and why.
- Explain the benefits, to them or others, of sharing information that could help them to access better help and support.
- Discuss the consequences of not sharing the information, could someone else come to harm?
- Reassure them that the information will not be shared with anyone else who does not need to know.

- Reassure them that they are not alone, and that support is available to them.

If the adult continues to refuse intervention to support them with a safeguarding concern, or requests that information about them is not shared with other safeguarding partners their wishes should be respected. However, there are several circumstances where those seeking to support the adult can reasonably override such a decision, including but not limited to:

- It appears that the adult lacks the mental capacity to make that decision (this must be properly explored, and further guidance should be sought from the Lead Safeguarding Officer).
- Emergency or life-threatening situations may warrant the sharing of relevant information with the emergency services without consent.
- Other people are, or may be, at risk, including children.
- A serious crime has been committed or may be prevented.
- Individuals in a position of trust are implicated.

In such circumstances, it is important to keep a careful record of the decision-making process and guidance should be sought from the Lead Safeguarding Officer. Legal advice will be sought where appropriate. If the decision is to act without the adult's consent, then unless it is unsafe to do so, the adult should be informed that this is being done and the reasons why.

11. Things to Remember

It is not your duty to investigate concerns about an adult but do not ignore them, talk to the adult if possible and get in touch with the SSM LSO or one of the designated LSO's. If the LSO for SSM is away from St Mary's, a DSO will contact an LSO from one of the other areas.

The issue of capacity or decision making is a key one in safeguarding adults. It is useful to have an overview of the concept of capacity. We make 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 decide is called 'lacking capacity.'

To decide something, 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 a learning disability, dementia, mental health needs, acquired brain injury, and physical ill health.

The 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 decide following a seizure.
- Someone who is anxious may not be able to decide 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 we live, but equally about small events, such as what to wear on a cold day.

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

- Assume that people can 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 decide, 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-interests' decision merely based on 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.

12. Consent and Information Sharing

In line with this policy, students, participants, parents, guardians, carers, members of staff or volunteers should always share any safeguarding concerns relating to adults, either with the LSO or a DSO in the first instance, except in emergency situations where they may need to phone the Police and the Ambulance Service. If it does not increase the risk to the individual, you should explain to the person that it is your duty to share your concern with the LSO or DSO.

The LSO will consider the situation and plan the actions that need to be taken, in conjunction with the adult at risk and in line with this policy and procedures.

The LSO or DSO will record any safeguarding concerns raised via the [reporting form](#).

To make an adult safeguarding referral the LSO will contact the Local Authority SPA, 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 SPA team for a range 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 when 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 the LSO who may need to broadly discuss the situation with the Local Authority SPA.

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?
- Is someone else likely to get hurt?
- Has a criminal offence occurred? This includes theft, or burglary of items, physical abuse, sexual abuse, 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, they are:

- Seek advice if in any doubt.
- 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 whereby doing so places the person a significant risk of harm.
- 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.
- 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.
- Keep a record – record your decision and reasons to share or not share information.
- Accurate, necessary, proportionate, relevant and secure – ensure all information is shared is accurate, up-to-date, necessary and share only with those who need to have it.
- Remember the purpose of the DPA is to ensure personal information is shared appropriately, except in circumstances whereby doing so may place the person or others at significant harm.