



Safeguarding Adults Policy and Procedures

British Weight Lifting

British Weight Lifting Safeguarding Adults Policy and Procedures

Introduction

British Weight Lifting is committed to creating and maintaining a safe and positive environment and accepts our responsibility to safeguard the welfare of all adults involved in Weightlifting and Par powerlifting in accordance with the Care Act 2014.

British Weight Lifting safeguarding adult policy and procedures apply to all individuals involved in Weightlifting Par Powerlifting.

British Weight Lifting will encourage and support partner organisations, including clubs, counties, suppliers, and sponsors to adopt and demonstrate their commitment to the principles and practice of equality as set out in this safeguarding adult policy and procedures.

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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 British Weight Lifting will seek to ensure that our sport is inclusive and make reasonable adjustments for any ability, disability or impairment, we will also commit to continuous development, monitoring and review.

- 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 vulnerable to 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 British Weight Lifting for example inappropriate behaviour of a coach, or in the wider community.
- 2.1.8 All allegations will be taken seriously and responded to quickly in line with British Weight Lifting Safeguarding Adults Policy and Procedures.
- 2.1.9 British Weight Lifting 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.

3 Legislation

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

- 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

Guidance

Further guidance is found in Appendix 3 on the following areas;

- Capacity – Guidance on Making Decisions
- Understanding the MCA
- Making Decisions
- Information Sharing
- Making Safeguarding Personal
- Consent

4 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).

5 Types of Abuse and Neglect - Definitions from the Care Act 2014

- 5.1 This 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 (insert name of your 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 (insert name of your 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** – 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. 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 (insert name of your sport), 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 a learning-disabled adult 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 vulnerable people are befriended by members of the community who go on to exploit and take advantage of them. It may not be an illegal act but still has a negative effect on the individual.' Mate Crime is carried out by someone the adult knows and often happens in private. In recent years there have been a number of Serious Case Reviews relating to people with a learning disability who were murdered or seriously harmed by people who purported to be their friend.
- 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 vulnerable individuals of the legitimacy of their cause. This may be direct through a relationship, or through social media.

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 the club who an athlete comes into contact with. Or club members, workers, volunteers or coaches may suspect that an athlete is being abused or neglected outside of the club setting. There are many signs and indicators that may suggest someone is being abused or neglected, these include but are not limited to:
- 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.
- 6.1.6 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.

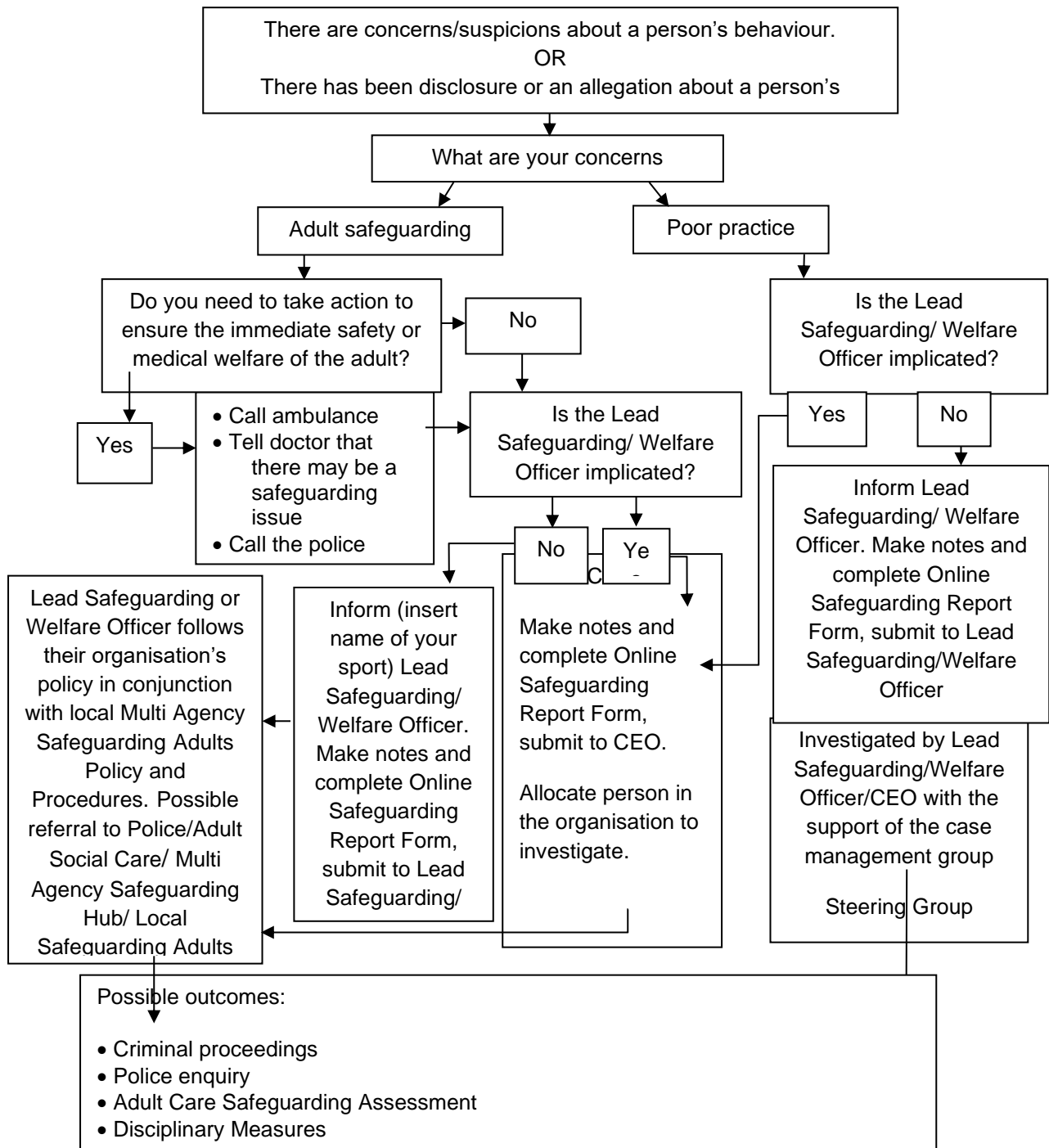
7 What to do if you have a concern or someone raises concerns with you.

- 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 British Weight Lifting's Lead Safeguarding or Welfare Officer, or, if the Lead Safeguarding or Welfare Officer is implicated then report to the British Weight Lifting CEO.
- 7.2 If you are at an international event and have a concern then speak to the coach or a team official.
- 7.3 If you are concerned someone is in immediate danger, contact the police straight away.
- 7.4 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

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 and submit to the British Weight Lifting's Lead Safeguarding or Welfare 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 or Welfare 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 or Welfare 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



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

10 Roles and responsibilities of those within British Weight Lifting

- 10.1 British Weight Lifting is committed to having the following in place:
- 10.1.1 A Lead Safeguarding/Welfare Officer to give 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.
 - 10.1.4 A Steering Group or Case Management or Case Referral Group that effectively deals with issues, manages concerns and refers to a disciplinary panel where necessary (i.e. where concerns arise about the behavior of someone within British Weight Lifting).
 - 10.1.5 A Disciplinary Panel will be formed as required for a given incident, if appropriate and should a threshold be met.
 - 10.1.6 Arrangements are in place to work effectively with other organisations to safeguard and promote the welfare of adults, including arrangements for sharing information.
 - 10.1.7 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 involved in British Weight Lifting to make judgements regarding whether or not abuse is taking place, however, all British Weight Lifting personnel have the responsibility to recognise and identify poor practice and potential abuse, and act on this if they have concerns.

11.1 Good practice

British Weight Lifting expects that that coaches of adult athletes:

- Adopt and endorse the British Weight Lifting's Coaches Codes of Conduct.
- Have completed a course in basic awareness in working with Adults at Risk.

Everyone should:

- Aim to make the experience of British Weight Lifting 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.

11.2 **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 investigated, unrecorded, or not acted upon.
- Taking an adult at risk alone in a car on journeys, however short.



- Inviting or taking an adult at risk to your home or office where they will be alone with you.
- Sharing a room with an adult at risk.
- Doing things of a personal nature that adults at risk can do for themselves.

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

Lead Safeguarding or Welfare Officer:

Sue Ward:

Email: sue.ward@britishweightlifting.org

Telephone 07834520747 or 01132249402



Appendix 1

Online Safeguarding Report Form Link

Appendix 2

Guidance and information

Capacity – Guidance on Making Decisions

We make many decisions every day, often without realising. We make so many decisions that it's easy to take our ability to do this 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 specific decision at a specific time 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 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.

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. It ensures that the decisions made will be in their best interests and are the least restrictive.

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, this may change, and they may be able to

The MCA recognises that capacity is decision-specific, so no one will be labelled as '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.

Understanding the MCA

By understanding the MCA you will be able to understand how you may be part of the decision making process for a person.

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.

Making Decisions

When a person needs help to make a specific decision, the following should be considered before a decision can be made in their best interests:

- The individual needs all the relevant information to make the decision.
- If there is a choice of options, has information been provided on the alternatives?
- The communication needs of the individual must be taken into account, and the information must be presented in a way that makes sense to them.
- Different communication methods must be explored, including obtaining professional or carer advice and support.
- The risks and benefits must be considered for any decision.

What Can Your Organisation Do?

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 the decision about a person's. A person may be receiving support that is not in line with the MCA, so you must be prepared to address this.

Information Sharing

<https://www.gov.uk/government/publications/safeguarding-practitioners-information-sharing-advice>

If someone does not want you to share information or you do not have consent to share the information, must ask yourself the following questions:

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, forced to give extra money for lessons (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 need to share the information. and can do so without the person's consent.

When sharing information there are seven Golden Rules that should always be followed.

1. **Remember that the Data Protection Act 1998 and human rights law are not barriers** to justified information sharing but provide a framework to ensure that personal information about living individuals is shared appropriately.
2. **Be open and honest with the individual** (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so.
3. **Seek advice from other practitioners** if you are in any doubt about sharing the information concerned, without disclosing the identity of the individual where possible.
4. **Share with informed consent where appropriate** and, where possible, respect the wishes of those who do not consent to share confidential information. You may still share information without consent if, in your judgement, there is good reason to do so, such as where safety may be at risk.
5. **Consider safety and well-being:** Base your information sharing decisions on considerations of the safety and well-being of the individual and others who may be affected by their actions.
6. **Necessary, proportionate, relevant, adequate, accurate, timely and secure:** Ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those individuals who need to have it, is accurate and up-to-date, is shared in a timely fashion, and is shared securely.
7. **Keep a record of your decision and the reasons for it** – whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose.

Making Safeguarding Personal

Rather than following a prescribed system, safeguarding must take into account the individual choices and requirements of everyone involved.

“Nothing about me without me.”

Alongside the increased need to recognise the importance of safeguarding adults as well as children, there has also been a cultural shift towards Making Safeguarding Personal within the safeguarding process.

This is a shift 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 now 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.

Consent

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 policy and procedures.

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 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 the safeguarding adults team.

Appendix 3

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 vulnerable adults 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 vulnerable 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 vulnerable people 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

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 4

Useful contacts



Contact Details:

British Weightlifting Sageguarding Lead:

Sue Ward

Email: sue.ward@britishweightlifting.org

Telephone: 07834520747 or 01132249402

Ann Craft Trust - Safeguarding Adults in Sport and Activity:

Website: www.anncrafttrust.org

Email: Ann-Craft-Trust@nottingham.ac.uk

Telephone: 0115 951 5400