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| **21st January 2021** |

**Adults at Risk Policy**

**CS-AR-001**

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Related Documents

| Document | Description |
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| RYA Adults at Risk Policy 2020 |  |
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Document Reviewers

| Date | Name | Title | Signature |
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Definition

The term ‘Adult at Risk’ as defined by the Care Act 2014 applies to people aged 18 or over who are in need of care or support, regardless of whether they are receiving them, and because of those needs are unable to protect themselves against abuse or neglect.

The Groups Commitment:

* Create a safe and welcoming environment, both on and off the water, where adults at risk can have fun and develop their skills and confidence.
* Recognise that safeguarding adults at risk is the responsibility of everyone, not just those who work with such adults.
* Ensure that Group-organised training, sailing and events are run to the highest possible safety standards.
* Be prepared to review its ways of working to incorporate best practice.
* Treat all adults at risk with respect and celebrate their achievements.
* Carefully recruit and select all employees, contractors and volunteers.
* Respond swiftly and appropriately to all complaints and concerns about poor practice or suspected or actual adult at risk abuse.
* Regularly review safeguarding procedures and practices in the light of experience or to take account of legislative, social or technological changes.

This policy relates to all members and volunteers who work with adults at risk in the course of their Group duties. All relevant concerns, allegations, complaints and their outcome should be notified to the Group Welfare Officer.

1. Policy Statement

Chesil Sailability is committed to safeguarding adults at risk taking part in its activities from physical, sexual, psychological, financial or discriminatory abuse or neglect. We recognise that everyone, irrespective of age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, pregnancy and maternity, marriage or civil partnership or social status, has a right to protection from discrimination and abuse.

Chesil Sailability takes all reasonable steps to ensure that, through safe recruitment, appropriate operating procedures and training, it offers a safe environment to adults at risk participating in its activities. All participants will be treated with dignity and respect.

All members and volunteers should be aware of the policy.

2. Group Welfare Officer

The Group Welfare Officer is:

Cathie Williams - email : welfareofficer@chesilsailability.org.uk

3. Volunteers

All volunteers whose role brings them into regular contact with adults at risk will be asked to provide references. The Club Welfare Officer and those regularly instructing, coaching or supervising adults at risk will also be asked to apply for an Enhanced Criminal Records Disclosure. Those providing personal care will be asked to apply for an Enhanced Disclosure with Barred List check.

4. Good Practice

All members of the Group should follow the Group’s good practice guidelines **(CS-CP-002).** Those working with adults at risk should be aware of the guidance on recognising abuse **(see Appendix A).**

Members accept that they may be photographed and/or videotaped participating in Chesil Sailability activities and they consent to the taking of such images and to the use, reuse, publication and replication of such images in any media, in conjunction with the members name or not, without compensation and without the member’s approval of such media or any use thereof. Parents and visitors should be prepared to identify themselves if requested and state their purpose for photography/filming. If the Group publishes images of children, no identifying information other than names will be included. Any concerns about inappropriate or intrusive photography or the inappropriate use of images should be reported to the Group Welfare Officer.

Carers and visitors should be prepared to identify themselves if requested and state their purpose for photography/filming. If the Group publishes images of adults at risk, no identifying information other than names will be included. Any concerns about inappropriate or intrusive photography or the inappropriate use of images should be reported to the Group Welfare Officer.

5. Concerns

Anyone who is concerned about an adults welfare, either outside the sport or within the Group, should inform the Group Welfare Officer immediately, in strict confidence. The Group Welfare Officer will follow the attached procedures **(see Flowcharts 1 and 2).**

Any member of the Group failing to comply with the Safeguarding Adults policy may be subject to disciplinary action as outlined in the Disciplinary Policy.

6. Who could be regarded as an ‘adult at risk’ or ‘vulnerable adult’?

In recent years there has been a shift away from using the term ‘vulnerable’, which can be perceived as a disempowering term, to describe adults who are potentially at risk of harm or abuse (for more information on types of abuse, see Appendix A).

The term ‘Adult at Risk’ as defined by the Care Act 20141 applies to people aged 18 or over who are in need of care or support, regardless of whether they are receiving them, and because of those needs are unable to protect themselves against abuse or neglect.

There are also adults who are at risk due to a specific circumstance they may find themselves in, for example: domestic abuse, forced marriage, sexual or commercial or financial exploitation. Adults at risk may include individuals who are vulnerable as a consequence of their role as a carer.

All of us could be regarded as at risk or vulnerable at certain times in our lives, for example when undergoing medical treatment or experiencing a period of mental ill-health. Equally, not all people with a disability would identify themselves as being vulnerable or at risk at all times.

In a sailing and boating context, the group may work with:

* people who have a physical disability, whether from birth or acquired through injury, illness or advancing age, ranging from those who can sail independently but need some assistance getting afloat, to those who depend on others for physical care and support
*  people who are blind or visually impaired, who may need to be guided around the site and when getting on board, and sail with sighted crew
* people who are deaf or hearing impaired, whose needs are largely connected to communication and inclusion
* people who have learning disabilities or who for some other reason (eg. brain injury, dementia) may not have the capacity (see Mental Capacity below) to make independent decisions or to assess risk
* people who are on the autism/Asperger spectrum
* people who are experiencing mental illness

**Mental capacity and consent**

Although many of the good practice guidelines and principles to be followed when safeguarding children also apply to adults, there is a key difference.

In the case of a child, there is a clear duty to act if we suspect that the child has been harmed or is at risk of harm. In the case of an adult, the starting assumption must always be that they have the capacity to make a decision and have the right to do so. If there is an allegation or concern about an adult who has capacity, **their consent must be obtained** before any referral is made, unless others are at risk of harm. No information should be given to the adult’s family or carers without their consent.

If the adult does not have capacity and is unable to give consent, a referral may be made and their family or carers informed, provided that they are involved in the individual’s life and are not implicated in the allegation.

Mental capacity refers to the ability to make a decision at a particular time. The term ‘lacks capacity’ means that a person is unable to make a particular decision or take a particular action for themselves at a particular point in time – although they may still be able to express an opinion or preference or take a less complex decision.

Under the Mental Capacity Act 20052 a person lacks capacity to make a decision if they have an ‘impairment of or disturbance in the function of their mind or brain’ (either temporary or permanent), and as a result they cannot do one or more of the following:

* Understand the information relating to this particular decision (including its benefits and risks)
* Retain the information for long enough to make this decision
* Weigh up the information involved in making this decision 
* Communicate their decision in any way.

The Act also says that:

* A person is not to be treated as unable to make a decision unless all practical steps to help him/her to do so have been taken without success.
* A person is not to be treated as unable to make a decision merely because he/she makes an unwise decision.
* An act carried out or decision made, for or on behalf of a person who lacks capacity must be undertaken, or made, in their best interests.
* Before the act is carried out, or the decision is made, regard must be paid to whether the purpose for which it is needed can be as effectively achieved in a way that is less restrictive of the person’s rights and freedom of action.

Appendix A – What is abuse?

Abuse is a violation of an individual’s human and civil rights by another person or persons.

Adults at risk may be abused by a wide range of people including family members, professional staff, care workers, volunteers, other service users, neighbours, friends, and individuals who deliberately exploit vulnerable people. Abuse may occur when an adult at risk lives alone or with a relative, within nursing, residential or day care settings, hospitals and other places assumed to be safe, or in public places.

The following is not intended to be an exhaustive list of types of abuse or exploitation but an illustrative guide as to the sort of behaviour which could give rise to a safeguarding concern:

**Physical abuse** - including assault, hitting, slapping, pushing, misuse of medication, restraint, or inappropriate physical sanctions.

**Domestic violence** – including psychological, physical, sexual, financial, emotional abuse; so called ‘honour’ based violence. This won’t happen at a club/centre, but there could be concerns about a participant’s home situation.

**Sexual abuse** - including rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjections 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.

**Psychological abuse** - including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or unreasonable and unjustified withdrawal from services or supportive networks. In a club context this might include excluding a member from social activities.

**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. People with learning disabilities or dementia are particularly vulnerable to this type of abuse. An example might be encouraging someone to book and pay for training courses that are inappropriate for their level of ability, or to purchase sailing clothing or equipment they don’t need.

**Discriminatory abuse** - including forms of harassment, slurs or similar treatment; because of race, gender and gender identity, age, disability, sexual orientation or religion.

**Neglect and acts of omission** - including ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating; or in a watersports context, failing to ensure that the person is adequately protected from the cold or sun or properly hydrated while on the water.

**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. Self-neglect might indicate that the person is not receiving adequate support or care, or could be an indication of a mental health issue such as depression.

**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.

**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.

Not included in the Care Act 2014 but also relevant:

**Bullying** (including ‘cyber bullying’ by text, e-mail, social media etc) - may be seen as deliberately hurtful behaviour, usually repeated or sustained over a period of time, where it is difficult for those being bullied to defend themselves. The bully may be another vulnerable person. Although anyone can be the target of bullying, victims are typically shy, sensitive and perhaps anxious or insecure. Sometimes they are singled out for physical reasons – being overweight, physically small, having a disability - or for belonging to a different race, faith or culture. Please refer to Chesil Sailability Harassment Policy.

**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. There have been a number of serious cases relating to people with a learning disability who were seriously harmed by people who purported to be their friends.

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

**Recognising abuse**

Patterns of abuse vary and include:

* Serial abusing in which the perpetrator seeks out and ‘grooms’ individuals. Sexual abuse sometimes falls into this pattern as do some forms of financial abuse
* Long-term abuse in the context of an ongoing family relationship such as domestic violence between spouses or generations or persistent psychological abuse; or
* Opportunistic abuse such as theft occurring because money or valuable items have been left lying around.

Signs and indicators that may suggest someone is being abused or neglected include:

* Unexplained bruises or injuries – or lack of medical attention when an injury has occurred
* Someone losing or gaining weight, or an unkempt appearance
* A change in behaviour or confidence
* Self-harming
* A person’s belongings or money go missing
* The person is not attending, or no longer enjoying, their sessions
* A person has a fear of a particular group or individual
* A disclosure – someone tells you or another person that they are being abused.

**If you are concerned**

If there are concerns about abuse taking place in the person’s home, talking to their carers might put them at greater risk. If you cannot talk to the carers, consult your organisation’s designated Welfare Officer or the person in charge. It is this person’s responsibility to make the decision to contact Adult Social Care Services. It is NOT their responsibility to decide if abuse is taking place, BUT it is their responsibility to act on your concerns.

Social care professionals involved in taking decisions about adults at risk must take all of the circumstances into account and act in the individual’s best interests. You are not expected to be able to take such decisions.

The following six principles inform the way in which professionals and other staff in care and support services and other public services work with adults:

* **Empowerment** – People being supported and encouraged to make their own decisions and informed consent
* **Prevention** – It is better to take action 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.

Some instances of abuse will constitute a criminal offence, for example assault, sexual assault and rape, fraud or other forms of financial exploitation and certain forms of discrimination. This type of abuse should be reported to the Police.

Flowchart 1

**Reporting procedures**

**Concern about an adult at risk outside the sport environment**

Concern identified

If the adult at risk has given their consent, or lacks capacity and is unable to give their consent, report your concern to the Group Welfare Officer who will take advice from Adult Social Care/Police (if alleged abuse may constitute a criminal act) without delay. The authorities will decide whether to inform the person’s family/carers.

Complete a Referral form as soon as possible after the incident and copy it to Adult Social Care within 48 hours.

Send a copy to the RYA Safeguarding Manager for information.

If you are uncertain what to do at any stage, contact the RYA’s Safeguarding Manager on 023 8060 4104

 or your local authority Adult Social Care department.

Details of Adult Social Care departments and emergency duty teams are listed on local authority websites and in local phone books. If you are unable to find the appropriate contact number, call the RYA’s Safeguarding Manager or, if the person is at immediate risk, the Police.

If person requires immediate medical attention or appears not to be safe, call an ambulance or the Police.

If the adult at risk has capacity, their consent must be obtained before any referral is made, unless they are at significant risk or others are at risk of harm. Information should not be given to their family/carers without their consent. Make a record of anything the participant has said and/or what has been observed, if possible with dates and times. You may want to tell them what you are going to do and note their views.

If the Welfare Officer is not available, refer the matter directly to adult Social Care.

Remember delay may place the person at further risk.

Flowchart 2

**Concern about the behaviour of someone at Chesil Sailability - Reporting procedures**

Concern identified

If person requires immediate medical attention call an ambulance and inform medical personnel that there is a safeguarding concern

Report concerns to Chesil Sailability Welfare Officer or person in charge who will:

• Seek the individual’s consent (if they have mental capacity) to make a referral

• Complete Referral form as soon as possible

• Report to RYA Safeguarding Manager\*

• Where urgent concerns and RYA SM not available, refer immediately to Adult Social Care/Police (if alleged criminal act) and copy referral form to them within 48 hours

\* It is important that concerns are reported to the RYA, especially if the person involved holds RYA instructor/coach qualifications. The RYA may be aware of other incidents involving the same individual, indicating a pattern of behaviour.

RYA Case Management Group decides on action to be taken

Alleged minor poor practice – referred back to Group with advice on process to be followed:

* complaints procedure
* disciplinary procedure
* no further action

Serious poor practice or alleged abuse. Possible processes:

• Social Care adult at risk investigation

• Police investigation

• Investigation under disciplinary procedure – including possible temporary suspension

RYA’s investigation pends outcome of Social Care/Police investigation.

Possible outcomes:

• No case to answer

• Less serious – referred to complaints procedure

• Chesil Sailability or RYA disciplinary procedure – sanctions

• Civil proceedings

• Criminal proceedings

• Referral to Disclosure & Barring Service

Appeal

RYA Safeguarding Manager

RYA Safeguarding Manager informed of final outcome.

RYA/Chesil Sailability review practices.

Possible outcomes:

* No case to answer
* Complaint resolved between parties
* Training/mentoring agreed
* more significant concerns emerge (refer back to RYA Safeguarding Manager)
* Disciplinary sanction