

Rounders England Safeguarding Adults Policy, Guidance and Procedures

January 2023

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Foreword

Rounders England is a growing organisation working towards increasing the participation rates within the sport and is committed to creating greater opportunities for players, coaches and umpires across the country. Sport has a great influence on the way people live and can act as a tool to improve social inclusion and personal values of individuals, such as leadership and teamwork. To ensure that these qualities are enhanced and promoted throughout Rounders, it is important that all members of Rounders England and all participants place the welfare of themselves and others as a priority. This will ensure a safe and enjoyable environment for all.

This document is important to help recognise that everyone participating in Rounders deserve to feel safe at all times and have someone they can contact if they have any concerns about their own safety, or that of others (within or outside Rounders). To ensure this, the policies within this document should be implemented throughout all organisations involved in Rounders. It should be read and understood by all to ensure that everyone knows and accepts their safeguarding responsibility.

In the creation of this document it has been noted that it is not the responsibility of those individuals working in Rounders to determine if abuse has taken place, but it is their responsibility to act upon and report any concerns. This document should be used as a guide for how to act within any situations where concerns arise and includes contacts for relevant other organisations where information needs to be passed on.

Rounders England is committed to ensuring that everyone who participates in Rounders has a safe and positive experience.

Katherine Knight
Chair, Rounders England

Our Statement

Rounders England is committed to creating and maintaining a safe and positive environment and accepts our responsibility to safeguard the welfare of all adults involved in rounders in accordance with the Care Act 2014.

Rounders England's Safeguarding Adults policy and procedures apply to all individuals involved in Rounders England.

Rounders England will encourage and support partner organisations, including teams, leagues, clubs, suppliers, and sponsors to adopt and demonstrate their commitment to the principles and practice of equality as set out in this safeguarding adults policy and procedures.

1. Principles

1.1 The six principles of adult safeguarding

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

The Care Act 2014 sets out the following principles that should underpin safeguarding of adults:

Empowerment – People being supported and encouraged to make their own decisions and informed consent.

"I am asked what I want as the outcomes from the safeguarding process and these directly inform what happens."

Prevention – It is better to take action before harm occurs.

"I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help."

Proportionality – The least intrusive response appropriate to the risk presented.

"I am sure that the professionals will work in my interest, as I see them and they will only get involved as much as needed."

Protection – Support and representation for those in greatest need.

"I get help and support to report abuse and neglect. I get help so that I am able to take part in the safeguarding process to the extent to which I want."

Partnership – Services offer local solutions through working closely 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."

1.1.2 All adults, regardless of age, ability or disability, gender, race, religion, ethnic origin, sexual orientation, marital or Transgender status have the right to be protected from abuse and poor practice and to participate in an enjoyable and safe environment.

1.1.3 Rounders England 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.

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

1.1.5 We recognise that ability and disability can change over time, such that some adults may be additionally vulnerable to abuse, in particular those adults with care and support needs.

1.1.6 We recognise that a disabled adult may or may not identify themselves or be identified as an adult 'at risk'.

1.1.7 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 Rounders England, for example inappropriate behaviour of a coach, or in the wider community.

1.1.8 All allegations will be taken seriously and responded to quickly in line with Rounders England's Safeguarding Adults Policy and Procedures.

1.1.9 Rounders England 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.

1.2 Making Safeguarding Personal

'Making safeguarding personal' means that adult safeguarding should be person led and outcome focussed. It engages the person in a conversation about how best to respond to their safeguarding situation in a way that enhances involvement, choice and control. As well as improving quality of life, well-being and safety.

Wherever possible discuss safeguarding concerns with the adult to get their view of what they would like to happen and keep them involved in the safeguarding process, seeking their consent to share information outside of the organisation where necessary. However you may have to report without their consent if they or others remain at risk of harm.

If someone has difficulty making their views and wishes known, then they can be supported or represented by an advocate. This might be a safe family member or friend of their choice or a professional advocate (usually from a third sector organisation).

1.3 Wellbeing Principle

The concept of wellbeing is threaded throughout the Care Act and it is one that is relevant to adult safeguarding in sport and activity. Wellbeing is different for each of us however the Act sets out broad categories that contribute to our sense of wellbeing. By keeping these themes in mind, we can all ensure that adult participants can take part in rounders fully;

- Personal dignity (including treatment of the individual with respect)
- Physical and mental health and emotional wellbeing
- Protection from abuse and neglect
- Control by the individual over their day-to-day life (including over care and support provided and the way they are provided)
- Participation in work, education, training or recreation
- Social and economic wellbeing
- Domestic, family and personal domains
- Suitability of the individual's living accommodation
- The individual's contribution to society.

2. Guidance and Legislation

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

- The Care Act 2014
- The Protection of Freedoms Act 2012
- Domestic Violence, Crime and Victims (Amendment) Act 2012
- The Equality Act 2010
- The Safeguarding Vulnerable Groups Act 2006
- Mental Capacity Act 2005
- Sexual Offences Act 2003
- The Human Rights Act 1998
- The Data Protection Act 1998
- The Data Protection Act 2018 (amended 2021 to include new UK-GDPR instead of EU GDPR)

- UK GDPR - UK General Data Protection Regulations (2021)
- Domestic Abuse Act 2021

3. Definitions

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

3.1.1 Adult is anyone aged 18 or over.

3.1.2 Adult at Risk is a person aged 18 or over who;

- Has needs of care and support (whether or not the local authority is meeting any of those needs
- Is experiencing, or 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.

3.1.3 Adult in need of care and support is determined by a range of factors including personal characteristics, factors associated with their situation or environment and social factors.

Naturally, a person's disability or frailty does not mean that they will inevitably experience harm or abuse. In the context of safeguarding adults, the likelihood of an adult in need of care and support experiencing harm or abuse should be determined by considering a range of social, environmental and clinical factors, not merely because they may be defined by one or more of the above descriptors.

In recent years there has been a marked shift away from using the term 'vulnerable' to describe adults potentially at risk from harm or abuse.

3.1.4 Abuse is a violation of an individual's human and civil rights by another person or persons. See section 4 for further explanations.

3.1.5 Adult safeguarding is protecting a person's right to live in safety, free from abuse and neglect.

3.1.6 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).

4. Types of Abuse and Neglect

4.1 There are different types and patterns of abuse and neglect and different circumstances in which they may take place. The Care Act 2014 identifies the following as an illustrative guide and is not intended to be exhaustive list as to the sort of behaviour which could give rise to a safeguarding concern.

- 4.1.1 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 Rounders England this could be a player whose appearance becomes unkempt, does not wear suitable sports kit and deterioration in hygiene.
- 4.1.2 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 Rounders England 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.
- 4.1.3 Domestic Abuse** – behaviour of a person towards another person if it consists of any of the following - physical or sexual abuse; violent or threatening behaviour; controlling or coercive behaviour; economic abuse; psychological, emotional or other abuse. Sport may notice a power imbalance between a participant and a family member. For example a participant with Down's 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.
- 4.1.4 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
- 4.1.5 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 Rounders England this could be training without a necessary break.
- 4.1.6 Physical Abuse** – includes hitting, slapping, pushing, kicking, misuse of medication, restraint or inappropriate sanctions.
This could be a coach intentionally striking an athlete.
- 4.1.7 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.
- 4.1.8 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.
- 4.1.9 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.

4.1.10 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.

4.2 Not included in the Care Act 2014 but also relevant:

4.2.1 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.

4.2.2 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. The forced marriage of adults with learning disabilities occurs when the adult does not have the capacity to consent to the marriage.

4.2.3 Mate Crime - a 'mate crime' is defined by the Safety Net Project as 'when vulnerable people are befriended by members of the community who go on to exploit and take advantage of them. It may not always be an illegal act but still has a negative effect on the individual. A 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. See the Safety Net Project for more information.

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

4.2.5 County Lines – County Lines is a very serious issue where criminal gangs set up a drug dealing operation in a place outside their usual operating area. Gangs will move their drug dealing from big cities (for example London, Manchester, Liverpool, Birmingham etc.) to smaller towns in order to make more money. They are likely to exploit children and adults at risk to move and store the drugs, arms and money and they will often use coercion, intimidation, violence (including sexual violence), forced labour/slavery and weapons.

4.2.6 Cuckooing - 'Cuckooing' is the term used to describe the practice where professional drug dealers/Crime Gangs take over the property of an adult at risk and use it as a place from which to run their drugs business/ crime activity.

5. Signs and Indicators of abuse and neglect

- 5.1** Abuse can take place in any context and by all manner of perpetrator. Abuse may be inflicted by anyone in the club, team or league who an athlete comes into contact with. Team/Club members, workers, volunteers or coaches may suspect that an athlete is being abused or neglected outside of the team/club setting. There are many signs and indicators that may suggest someone is being abused or neglected, these include but are not limited to:
- 5.1.1** Unexplained bruises or injuries – or lack of medical attention when an injury is present.
 - 5.1.2** Person has belongings or money going missing.
 - 5.1.3** Person is not attending / no longer enjoying their sessions.
 - 5.1.4** Someone losing or gaining weight / an unkempt appearance.
 - 5.1.5** A change in the behaviour or confidence of a person.
 - 5.1.6** They may self-harm.
 - 5.1.7** They may have a fear of a particular group or individual.
 - 5.1.8** They may tell you / another person they are being abused – i.e. a disclosure.
 - 5.1.9** Harassing of a club member because they are or are perceived to have protected characteristic.
 - 5.1.10** Not meeting the needs of the participant. E.g. this could be training without a necessary break.
 - 5.1.11** A coach intentionally striking an athlete.
 - 5.1.12** A fellow athlete sending unwanted sexually explicit text messages to a learning-disabled adult they are training alongside.
 - 5.1.13** An athlete threatening another athlete with physical harm and persistently blaming them for poor performance.

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

- 6.1** 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. You must report this to the Rounders England Lead Safeguarding or Welfare Officer, or, if the Lead Safeguarding Officer is implicated then report to the Deputy Safeguarding Officer.
- 6.2** If you are at an international event and have a concern then speak to the coach or the Head Coach.
- 6.3** If you are concerned someone is in immediate danger, contact the police straight away.
- 6.4** When raising your concern with the Club Welfare Officer or Lead Safeguarding Officer, remember Making Safeguarding Personal. It is good practice to seek the adult's views on what they would like to happen next and to inform the adult you will be passing on your concern.
- 6.5** It is important when considering your concern that you also ensure that you keep the person informed about any decisions and action taken about them and always consider their needs and wishes.

7. How to respond to a concern

- 7.1 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 Rounders England Lead Safeguarding or Welfare Officer.
- 7.2 Remember to make safeguarding personal. Discuss your safeguarding concerns with the adult, obtain their view of what they would like to happen, but inform them it's your duty to pass on your concerns to your lead safeguarding or welfare officer.
- 7.3 Describe the circumstances in which the disclosure came about.
- 7.4 Take care to distinguish between fact, observation, allegation and opinion. It is important that the information you have is accurate.
- 7.5 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.
- 7.6. If you are concerned someone is in **immediate danger** or a **serious crime** is being committed contact the police on 999 straight away. Where you suspect that a crime is being committed, you must involve the police. **Remember not to confront the person thought to be causing the harm.**

**If someone has a need for immediate medical attention
call an ambulance on 999.**

Responding to a Direct Disclosure

If an adult indicates that they are being harmed or abused, or information is received which gives rise to concern, the person receiving the information should:

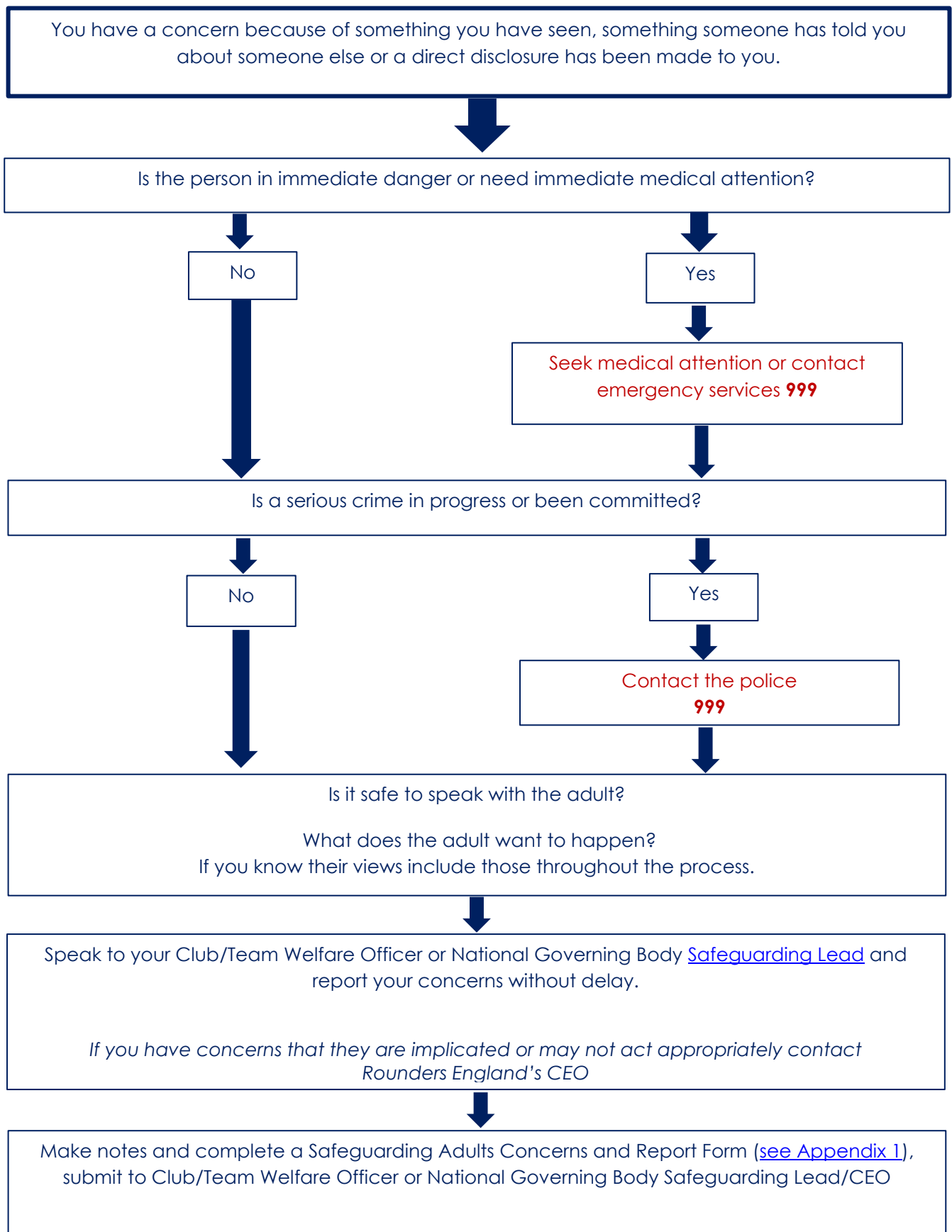
- Take it seriously.
- Stay calm.
- Listen carefully to what is said, allowing the adult to continue at their own pace,
- Be sensitive.
- Keep questions to a minimum, only ask questions if you need to identify/ clarify what the person is telling you.
- Reassure the person that they have done the right thing in revealing the information.
- Ask them what they would like to happen next.
- Explain what you would like to do next.
- Explain that you will have to share the information with Rounders England Safeguarding Lead or Welfare Officer.
- Ask for their consent for the information to be shared outside the organisation.
- Make an arrangement as to how you/the Safeguarding Lead can contact them safely.
- Help them to contact other organisations for advice and support (e.g. Police, Domestic Abuse helpline, Victim Support -see Appendix 6).
- Act swiftly to report and carry out any relevant actions.
- Record in writing what was said using the adult's own words as soon as possible.

It is important **not** to:

- Dismiss or ignore the concern.
- Panic or allow shock or distaste to show.
- Make negative comments about the alleged perpetrator.
- Make assumptions or speculate.

- Come to your own conclusions.
- Probe for more information than is offered.
- Promise to keep the information secret.
- Make promises that cannot be kept.
- Conduct an investigation of the case.
- Confront the person thought to be causing harm.
- Take sole responsibility.
- Tell everyone.

8.1 Reporting concerns about others



8.2 Reporting concerns about yourself

If you are experiencing harm within Rounders England please contact the [Lead Safeguarding Officer](#).

If you are in immediate danger or need immediate medical assistance, **contact the emergency services 999**.

Please contact the Rounders England Lead Safeguarding Officer. If you would prefer, please contact another member of staff who will help you raise the issue to the Safeguarding Lead.

If the Rounders England Lead Safeguarding Officer is implicated or you think has a conflict of interest, then report to the Rounders England's Chief Executive Officer.

You can also contact the Police, Social Services, your doctor or other organisations that can provide information and give help and support.

Rounders England will follow the procedure in this document. If you do not think your concerns are being addressed in the way that they should be please contact the Chief Executive Officer or a member of the Rounders England Board.

At all stages you are welcome to have someone who you trust support you and help you to explain what happened and what you want to happen.

It is of utmost importance to Rounders England that you can take part in our activities safely and we will take every step to support you to do that.

9. Roles and responsibilities of those within Rounders England

Rounders England is committed to having the following in place:

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

9.2 A Board Champion - The role of the Board Safeguarding Champion is to lead and inform safeguarding discussion and planning within Board meetings, to ensure the Board prioritise these discussions and resource them appropriately. They act (along with the CEO) as a link between the Lead Safeguarding Officer and the Board and be the link between the strategic direction of safeguarding and the operational work that is being done.

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

9.4 Procedures for dealing with allegations of abuse or poor practice against members of staff and volunteers.

9.5 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 behaviour of someone within Rounders England)

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

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

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

9.9 Clear codes of conduct are in place for coaches, participants, officials, spectators and other relevant individuals.

10. Good practice, poor practice and abuse

It is not your responsibility to prove or decide whether an adult has been harmed or abused. It is however, everyone's responsibility to respond to and report concerns they have.

You should not keep safeguarding concerns to yourself or think someone else will deal with it.

10.1 Good practice

Rounders England expects that coaches of adult athletes:

- Adopt and endorse the Rounders England Coaches [Codes of Practice](#).
- Have completed a course in basic awareness in working with Adults at Risk.

Everyone should:

- Aim to make the experience of Rounders 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.

10.2 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 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 carer's and ensure that the Lead Safeguarding / Welfare Officer of Rounders England is aware of the situation and gives their approval and that the actions are recorded. Carers consent should only be sought with the permission of the adult at risk.

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.

11. Relevant Policies

Rounders England also have the following Policies, Procedures and Guidance in place that compliment and support the Safeguarding Adult Policy and Procedures:

- Safeguarding Children Policy, Guidance & Procedures
- Codes of Practice and a process for breach of these - Staff, Coaches, Officials, Volunteers, Participants/Members, Carers/Personal Assistants, Spectators
- Safe recruitment and selection (staff and volunteers)
- Whistleblowing
- Social media Policy
- Complaints Procedure
- Disciplinary Process
- Information policy, data protection and information sharing

Policies, procedures and supporting information are available on the Rounders England website:
<http://www.roundersengland.co.uk/safeguarding/>

12. Contact Details

Our Lead Safeguarding Officer

Name: Siân Barnett

Tel: 07377 925 705

Email: Safeguarding@roundersengland.co.uk

Our Deputy Safeguarding Officer

Name: Natalie Justice-Dearn

Tel: 07411 477 849

Email: Safeguarding@roundersengland.co.uk

**In a safeguarding emergency,
Where a young person is at immediate risk of harm, call 999**

13. Monitoring

The policy will be reviewed a year after development and then every three years, or in the following circumstances:

- Changes in legislation and/or government guidance
- As required by the Local Safeguarding Adults Board, UK Sport and/or Home Country Sports Councils
- As a result of any other significant change or event.
- This document will be published on the Rounders England website and publicised in appropriate communications.

This policy was last reviewed on January 2023 [Date]

Signed [CEO]

Appendix 1

Safeguarding Adults Concern & Report Form

This form should be completed to report any incident or suspicion of abuse.

Where a criminal act is suspected, police must also be notified.

(This form is to be completed and forwarded to the Lead Safeguarding Officer within 24 hours of the allegation being reported)

To be completed as fully as possible if you have concerns regarding an adult.

If it is safe to do so, it is important to inform the adult about your concerns and that you have a duty to pass the information onto the safeguarding lead. The Safeguarding Lead will then look at the information and start to plan a course of action.

Section 1 – Details of adult (you have concerns about)	
Name of adult	
Address	
Date of Birth/ Age	
Contact number	
Emergency contact if known	
Consent to share information with emergency contact?	
Section 2 – Details of the person completing this form/ Your details	
Name	
Contact phone number(s)	
Email address	
Line manager or alternative contact	
Name of organisation / club	
Your Role in organisation	

Section 3 – Details of concern	
Please explain why you are concerned. Please give details about what you have seen/been told/other that makes you believe the adult is at risk of harm or is being abused or neglected (include dates/times/evidence from records/photos etc.)	
Date/ Time	What happened
Section 5 – Details of the person thought to be causing harm (if known)	
Name	
Address	
Date of Birth/Age	
Relationship/connection to adult	
Role in organisation	
Do they have contact with other adults at risk in another capacity? E.g. in their work/family/as a volunteer	
Section 6 - Have you discussed your concerns with the adult? What are their views, What have they stated about what they want to happen and what outcomes they want?	
Section 6A – Reasons for not discussing with the adult	
Discussion would put the adult or others at risk. Please explain:	

Adult appears to lack mental capacity. Please explain:		
Adult unable to communicate their views. Please explain:		
Section 7 – Risk to others		
Are any other adults at risk Yes / No / Not known <i>(delete as appropriate)</i> If yes, please fill in another form answering questions 1-6		
Are any children at risk Yes / No / Not known <i>(delete as appropriate)</i> If yes, please fill in a safeguarding children referral form and attach to this.		
Section 8 – What action have you taken if any /agreed with the adult to reduce the risks?		
Actions by club: e.g. person causing harm suspended, session times changed.		
Section 9: Other agencies contacted	Who contacted/reference number/contact details/advice gained/action being taken	
Police		
Ambulance		
Other – please state who and why:		
Section 10: Contact with Welfare Officer/others within the club		
Who else has been informed of this issue? – and what was the reason for information sharing		
Consultation with Safeguarding Lead	Dates and times	

Completed Form copied to Safeguarding Lead; Date and time
Signed:
Date:

OFFICE USE ONLY
Section 11 – Sharing the concerns (To be completed by Safeguarding Lead)
Details of your contact with the adult at risk of harm. Have they consented to information being shared outside of [insert name of your organisation]?
Details of contact with the Local Authority Safeguarding Team/MASH where the adult at risk of harm lives – advice can be still sought without giving personal details if you do not have consent for a referral.
Details of any other agencies contacted:
Details of the outcome of this concern:

Appendix 2

Guidance on Making Decisions

Making Safeguarding Personal

There has been a cultural shift towards Making Safeguarding Personal within the safeguarding process. This is a move from prioritising outcomes demanded by bureaucratic systems. The safeguarding process used to involve gathering a detailed account of what happened and determining who did what to whom. Now the outcomes are defined by the person at the centre of the safeguarding process.

The safeguarding process places a stronger emphasis on achieving satisfactory outcomes that take into account the individual choices and requirements of everyone involved.

"What good is it making someone safer if it merely makes them miserable?" – Lord Justice Mundy, "What Price Dignity?" (2010)

What this means in practice is that adults should be more involved in the safeguarding process. Their views, wishes, feelings and beliefs must be taken into account when decisions are made.

The Care Act 2014 builds on the concept, stating that "We all have different preferences, histories, circumstances and lifestyles so it is unhelpful to prescribe a process that must be followed whenever a concern is raised."

However, the Act is also clear that there are key issues that should be taken into account when abuse or neglect are suspected, and that there should be clear guidelines regarding this.

<https://www.local.gov.uk/topics/social-care-health-and-integration/adult-social-care/making-safeguarding-personal>

When information is shared without the consent of the adult this must be explained to them, when it is safe to do so, and any further actions should still fully include them.

If you are in doubt as to whether to share information seek advice e.g. seek legal advice and/or contact the Local Authority and explain the situation without giving personal details about the person at risk or the person causing harm.

Any decision to share or not to share information with an external person or organisation must be recorded together with the reasons to share or not share information.

Capacity – Guidance on Making Decisions

The issue of capacity or decision making is a key one in safeguarding adults. It is useful for organisations to have an overview of the concept of capacity.

We make many decisions every day, often without realising. We make so many decisions that it's easy to take this ability for granted.

But some people are only able to make some decisions, and a small number of people cannot make any decisions. Being unable to make a decision is called "lacking capacity".

To make a decision we need to:

- Understand information
- Remember it for long enough
- Think about the information
- Communicate our decision

A person's ability to do this may be affected by things like learning disability, dementia, mental health needs, acquired brain injury, and physical ill health.

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

The MCA is about making sure that people over the age of 16 have the support they need to make as many decisions as possible.

The MCA also protects people who need family, friends, or paid support staff to make decisions for them because they lack capacity to make specific decisions.

Our ability to make decisions can change over the course of a day.

Here are some examples that demonstrate how the timing of a question can affect the response:

- A person with epilepsy may not be able to make a decision following a seizure.
- Someone who is anxious may not be able to make a decision at that point.
- A person may not be able to respond as quickly if they have just taken some medication that causes fatigue.

In each of these examples, it may appear as though the person cannot make a decision. But later in the day, presented with the same decision, they may be able to at least be involved.

The MCA recognises that capacity is decision-specific, so no one will be labelled as entirely lacking capacity. The MCA also recognises that decisions can be about big life-changing events, such as where to live, but equally about small events, such as what to wear on a cold day.

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

1. Assume that people are able to make decisions, unless it is shown that they are not. If you have concerns about a person's level of understanding, you should check this with them, and if applicable, with the people supporting them.
2. Give people as much support as they need to make decisions. You may be involved in this – you might need to think about the way you communicate or provide information, and you may be asked your opinion.
3. People have the right to make unwise decisions. The important thing is that they understand the implications. If they understand the implications, consider how risks might be minimised.
4. If someone is not able to make a decision, then the person helping them must only make decisions in their "best interests". This means that the decision must be what is best for the person, not for anyone else. If someone was making a decision on your behalf, you would want it to reflect the decision you would make if you were able to.
5. Find the least restrictive way of doing what needs to be done.

Remember:

- You should not discriminate or make assumptions about someone's ability to make decisions, and you should not pre-empt a best-interest's decision merely on the basis of a person's age, appearance, condition, or behaviour.
- When it comes to decision-making, you could be involved in a minor way, or asked to provide more detail. The way you provide information might influence a person's ultimate decision. A person may be receiving support that is not in-line with the MCA, so you must be prepared to address this.

Consent and Information Sharing

Workers and volunteers within sports and physical activity organisations should always share safeguarding concerns in line with their organisation's policy, usually with their safeguarding lead or welfare officer in the first instance, except in emergency situations. As long as it does not increase the risk to the individual, the worker or volunteer should explain to them that it is their duty to share their concern with their safeguarding lead or welfare officer.

The safeguarding lead or welfare officer will then consider the situation and plan the actions that need to be taken, in conjunction with the adult at risk and in line with the organisation's policy and procedures and local safeguarding adults board policy and procedures.

To make an adult safeguarding referral you need to call the local safeguarding adults team. This may be part of a MASH (Multi-Agency Safeguarding Hub). A conversation can be had with the safeguarding adults team without disclosing the identity of the person in the first instance. If it is thought that a referral needs to be made to the safeguarding adults team, consent should be sought where possible from the adult at risk.

Individuals may not give their consent to the sharing of safeguarding information with the safeguarding adult's team for a number of reasons. Reassurance, appropriate support and revisiting the issues at another time may help to change their view on whether it is best to share information.

If they still do not consent, then their wishes should usually be respected. However, there are circumstances where information can be shared without consent such as when the adult does not have the capacity to consent, it is in the public interest because it may affect other people, the person or others are at continued risk of harm or a serious crime has been committed. This should always be discussed with your safeguarding lead and the local authority safeguarding adults' team.

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

- Is the adult placing themselves at further risk of harm?
- Is someone else likely to get hurt?
- Has a criminal offence occurred? This includes: theft or burglary of items, physical abuse, sexual abuse, forced to give extra money for lessons (financial abuse) or harassment.
- Is there suspicion that a crime has occurred?

If the answer to any of the questions above is 'yes' - then you can share without consent and need to share the information.

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

1. Seek advice if in any doubt
2. Be transparent - The Data Protection Act (DPA) is not a barrier to sharing information but to ensure that personal information is shared appropriately; except in circumstances where by doing so places the person at significant risk of harm.
3. Consider the public interest - Base all decisions to share information on the safety and well-being of that person or others that may be affected by their actions.
4. Share with consent where appropriate - Where possible, respond to the wishes of those who do not consent to share confidential information. You may still share information without consent, if this is in the public interest.
5. Keep a record - Record your decision and reasons to share or not share information.
6. Accurate, necessary, proportionate, relevant and secure - Ensure all information shared is accurate, up-to-date; necessary and share with only those who need to have it.
7. Remember the purpose of the Data Protection Act (DPA) is to ensure personal information is shared appropriately, except in circumstances where by doing so may place the person or others at significant harm.

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 adult 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 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.

Domestic Abuse Act 2021

<https://www.legislation.gov.uk/ukpga/2021/17/section/1/enacted>

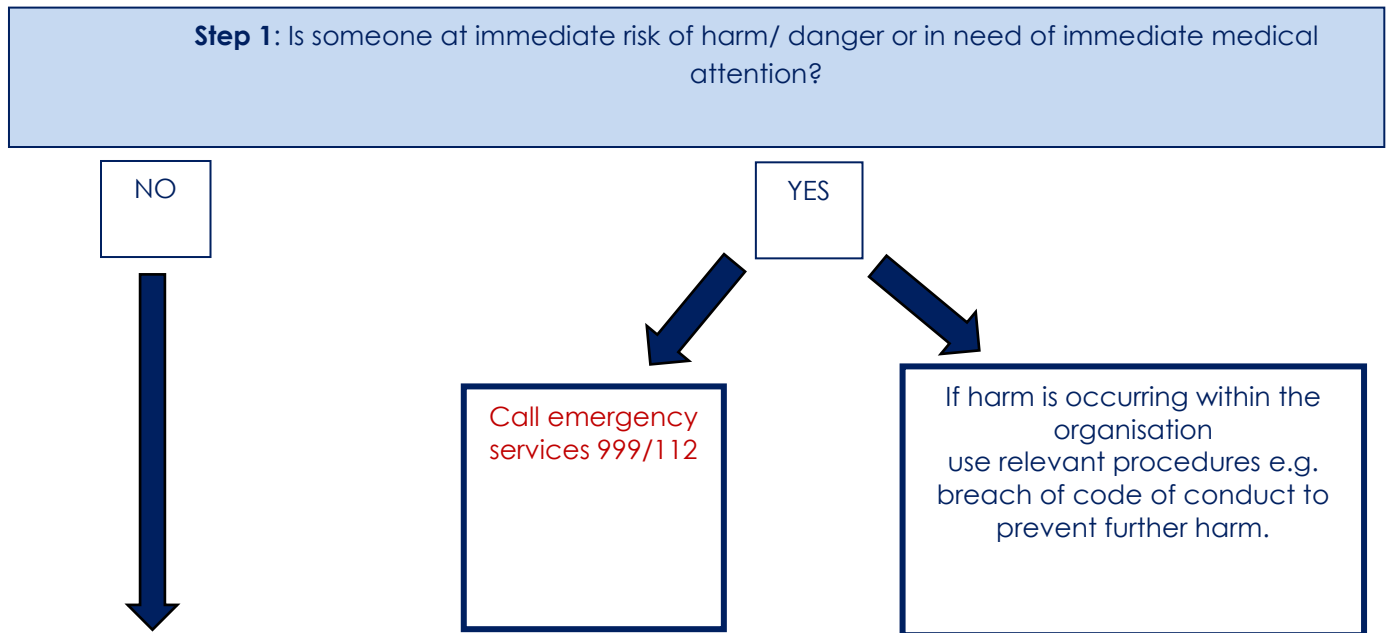
Statutory Guidance to Domestic Abuse Act

<https://www.gov.uk/government/publications/domestic-abuse-act-2021>

Appendix 4

Procedure for NGB Lead Safeguarding Officer

Steps 1-5 **Initial response** (as soon as you receive the Safeguarding referral)



Step 2 – Safeguarding Report Details

If you have been sent a Safeguarding Adults Report Form check that you can understand what is written and that all the necessary parts have been completed.

If you are being contacted directly, request a completed Safeguarding Adults Report Form (staff and volunteers) or fill in the form with the person making the report (public/adult themselves)

Step 3- Person Making the Report

Inform, reassure and advise the person making the report e.g. what to do/what not to do. Explain what will happen next. Reinforce the need for confidentiality.

Step 4- Person at Risk

What are the risks? What are the views of the adult? Are they an adult at risk? Do they need support to make decisions about their safety?

Do you need to contact the adult directly? Is it safe for you to do so?

Step 5 – Person at Risk

If it is safe to do so - ensure the person at risk has information about what will happen next. Make sure they have been given information about other organisations that can support them

Steps 6- 14 Taking Action

Step 6 – Consult and Decide

As needed consult Rounders England Case Management Group , Local Authority/the Police and decide which one or more of the following actions need to be taken.

Step 7

If a serious crime is suspected contact the police

Criminal enquiry, investigation, proceedings

Step 8

If you believe there is an 'adult at risk' make a safeguarding adults report to the Local Authority

Safeguarding adults process led by Local Authority

Step 9

If harm is suspected of being caused within Rounders England
e.g. by an employee, contracted worker, volunteer, or member report to relevant manager/s

Rounders England take **short term steps** within relevant policy to **prevent harm** e.g. suspend employee, coach, volunteer or member

Step 10

Consult with and inform the adult

Rounders England decides who will maintain regular contact with the adult/s who have been at risk of harm

Step 11

Take advice from and **coordinate actions** taken by Rounders England with those of **other agencies**.

Attend and contribute to Safeguarding Adults strategy meetings

Step 12

Hold Case Management meeting to coordinate actions by Rounders England

Possible outcomes: e.g.

- Criminal Caution or Conviction
- Police referral back to organisation
- Referral to Independent Barring Board
- Unsubstantiated– no further action

Possible outcomes e.g.

- LA enquiries triggered
- Adult supported to 'make safeguarding personal'
- Other adults at risk identified
- Multi-agency meetings to coordinate actions
- New/changed care and support and protection plan for any adult at risk
- NOT an adult at risk – information and advice provided

Possible outcomes: e.g.

- Informal resolution
- Education and training
- Formal warning
- Dismissal
- Role conditions applied
- Contract ended
- Referred to Independent Barring Board
- Unsubstantiated – no further action

Possible Outcomes: e.g.

- Adult receives information about the process
- Adult supported to have their views and experience heard
- Adult supported to gain support from other agencies
- Adult continues to participate in organisation/sport

Steps 13 and 14

Recording and reporting
Ensure decisions made, actions taken, and outcomes logged and reported

Once a concern has been passed to the Rounders England Lead Safeguarding Officer, they will coordinate the [Rounders England Safeguarding Adults Procedure](#).

The Rounders England Lead Safeguarding Officer will keep clear records of decision making, actions taken, and the outcomes achieved. They will also collect feedback from the adult.

The Rounders England Lead Safeguarding Officer, where appropriate, in consultation with the Case Management Group, will take the following actions:

Immediate Response

1. Ensure any **immediate actions** necessary to safeguard anyone at risk have been taken.

If the risk is said to be due to the behaviour of an employee or other person involved in the organisation/activities use the relevant procedures (e.g. breach of code of conduct, breach of contract, disciplinary or grievance procedures) to prevent that person making contact with the adult being harmed.

2. If you have been sent a **Safeguarding Adults Report Form** check that you can understand what is written and that all the necessary parts have been completed.

If you are being contacted directly by a member of staff or a volunteer request that they complete a Safeguarding Adults Report Form if they have not already done so as soon as possible.

If the report is being made by the adult themselves or a member of the public fill in the safeguarding report form yourself gaining the details with the person contacting you.

3. Inform, reassure, and advise the **person making the report** e.g. what to do/what not to do. Explain what will happen next. Reinforce the need for confidentiality.

4. Consider what is known about the situation, what the risks are, what is known of **the views of the adult**, whether they have given their consent to the report being made and whether they might be considered to be an 'adult at risk'.

Find out whether the person making the report believes the adult has the mental capacity to make decisions about what safeguarding actions they want to be taken (they are not expected to assess this, only provide their opinion).

Decide if you need to **contact the adult** to get more information, determine their wishes, or explain what actions you need to take.

5. Ensure that the **adult has been given information** about the process and what will happen next. Ensure that they have been provided with information about other organisations that can support them.

ONLY do this if you have a known safe way of contacting them.

Taking Action

In all situations you should ensure those in your organisation who can act (within their remit) to prevent further harm have the information to do so. This includes supporting the person at risk. Depending on the situation you may need to pass information to and work together with other organisations such as the Police and the Local Authority safeguarding team.

6. Consult and Decide

If necessary, consult with Case Management Group and with the Local Authority/the Police and decide which of the following actions need to be taken.

7. Contact the police (where the crime took place)

If:

- a serious crime has been committed.
- a crime has been committed against someone without the mental capacity to contact the police themselves.
- the adult has asked you to make a report to the Police on their behalf because they are unable to themselves.

8. Make a referral/report to the Local Authority Safeguarding Adults Team or Multi-Agency Safeguarding Hub (MASH) (where the adult lives) if you believe they may be an **adult at risk** AND

- the adult appears not to have the mental capacity to make decisions about their own safety and well-being.
- the risk is from a person employed or volunteering in work with adults with care and support needs (including within a sports organisations).
- there are other 'adults at risk' (e.g. another family member, another club member or other people using a service).
- the adult at risk lives in Wales or Northern Ireland (no consent required).
- the adult at risk lives in England or Scotland and they have asked you to make a report or have given their informed consent to you making it.

If a child is at risk you must also make a child safeguarding referral to the Local Authority. This includes all situations where there is domestic abuse within the household where the child lives.

If you are unsure whether or not to make a referral/report you can ask for advice by contacting the Local Authority Safeguarding Adults Team/Multi-agency Safeguarding Hub and discuss the situation with them without disclosing the identity of the adult or the person who may be causing harm

9. Use policy and procedures to stop harm within the organisation

If the person who may be causing harm is a person involved in Rounders England in whatever capacity inform the CEO.

Decide what policy and procedures the organisation will use to decide which actions will be taken e.g. breach of code of conduct, disciplinary procedures, breach of contract.

Agree what short term arrangements can be put in place to enable the adult, who may be being harmed, to be able to continue participating in the organisation/their sport.

The arrangements made must respect the rights of the person who may be causing harm and must be consistent with the relevant policy and procedures.

10. If statutory agencies are involved **work together** with them to agree the next steps. E.g. the Police may need to interview an employee before a disciplinary investigation is conducted.

Attend and contribute to any safeguarding adults strategy or case meetings that are called by the Local Authority.

If statutory agencies say that they will not be taking any action in relation to a referral this should not stop Rounders England taking internal steps to safeguard the adult. E.g. the Police may decide not to pursue a criminal investigation where there is an allegation against an employee, but the Rounders England should still follow its disciplinary procedure.

11. Decide who in the organisation will **maintain contact with the adult** to consult with them, keep them informed and make sure they are receiving the support they need.

Unless advised not to by the Police or Local Authority, and only if there is a safe way to do so, contact the adult to let them know about the actions you have taken and the outcomes so far. Find out if the actions taken are working, what matters to them, what they would like to happen next and what outcomes they want to achieve.

12. Convene a **Case Management Group meeting** to coordinate actions internally to your organisation:

- share information about what has happened with those within Rounders England who have a role in safeguarding the adult.
- share the views of the adult.
- share any actions being taken by the Police/Local Authority.
- agree who will coordinate between Rounders England and other agencies.
- decide what actions Rounders England will take.
- Coordinate action by Rounders England.

These actions can include:

- Use of internal procedures such as breach of code of practice/disciplinary procedures to address any behaviour that may have caused harm.
- Reporting any employee or volunteer found to have caused harm to the Disclosure and Barring Service.
- Communication with the adult about the safeguarding process, offering support to the adult and making any arrangements needed for them to continue their involvement with the organisation/sport.
- Offering support to staff, volunteers and members affected by the circumstances.
- Ensuring senior managers will be updated as needed.

13. Case Management Group meeting must be **recorded** so that decision making is transparent, and actions agreed are followed. **Follow up meetings** should be held as necessary until the actions needed are complete.
14. Ensure **records are complete and stored securely**. Collate monitoring information, including feedback from the person who was at risk of harm and **report to senior management team/ the Board as requested**.