

# Guide 4: Safeguarding and managing risk (adults)

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Sport and physical activity for people with mental health problems: a toolkit for the sports sector



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# Guide 4: Safeguarding and managing risk (adults)

## This guide covers:

- What safeguarding is
- Adults at risk
- Top tips for safeguarding risk management
- Boundaries, and when and how to break confidentiality
- Managing conversations about mental health
- Looking after staff and volunteers' mental wellbeing
- Further info & FAQs

This guide is for organisations providing physical activity programmes or sessions for adults (18+) with mental health problems. It will support you to promote safeguarding, prevent abuse, and protect staff members and adults at risk. This guide was written with support of The Ann Craft Trust (ACT). The ACT believe that every disabled child and every adult at risk deserves to be treated with the same respect and dignity as everyone else in society. They are a leading provider of safeguarding training, consultations and safeguarding adult reviews working closely with organisations and individuals across the UK to raise awareness and improve practice.

## What is safeguarding?

Safeguarding means protecting people's health, wellbeing and human rights. It's fundamental to high-quality health and social care and is about keeping everyone safe and taking care of their wellbeing. Find out more on the [Quality Care Commission's website](#).

To find out about the differences between safeguarding adults and children, please see [Annex 1](#).

To find out about the principles of safeguarding, see [Annex 2](#).

## Adults at risk

Are all people with mental health problems 'adults at risk'?

1 in 4 people in the UK will experience a mental health problem each year. Just as our bodies can become unwell, so can our minds. Mental health is fluid and can change day to day, week to week and year to year. Many people with mental health problems do not receive support services and when 'well' would consider themselves able to

take care of themselves independently. However, some of your participants, staff or volunteers may be receiving support from services, or may be eligible for services but are not receiving them and may be at a greater risk of experiencing abuse or neglect.

The Care Act 2014 makes it clear that abuse of adults is linked to circumstances rather than the characteristics of the people experiencing the harm. So, someone may have a mental health problem and have 'care and support needs', but they are not experiencing abuse or neglect. In that case they are not an 'adult at risk'.

An adult at risk is someone who:

- has needs for care and support (whether or not the local authority is meeting any of those needs), and
- 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.

Find out more about adults at risk in [Annex 3](#).

## Abuse and neglect of adults

What types of harm can adults experience?

The Statutory Guidance to the Care Act 2014 identifies 10 categories of harm:

### 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.

### Modern Slavery

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

### Domestic Abuse

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

### Discriminatory

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

### Organisational

This includes neglect and poor care practice within an institution or specific care

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

## Physical

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

## Sexual

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

## Financial or material

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

## Neglect/Acts of omission

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

## Emotional or psychological

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

For information on issues which are not included in the Statutory Guidance to the Care Act 2014 but are also relevant to safeguarding adults, please see [Annex 4](#).

## Indicators of abuse or neglect

### What are the indicators that someone may be at risk of, or experiencing harm?

Things to look out for include:

- Changes to someone's appearance, behaviour or routines
- Weight gain or loss

- Appearing frightened in the presence of certain people
- Unexplained lack of money or inability to maintain lifestyle
- Appearing withdrawn and isolated
- Unexplained marks/ bruising to the body

To find out about who might abuse adults, see [Annex 5](#).

### What should I do if I am concerned about an adult?

It is important that you familiarise yourself with your organisation's safeguarding policy and procedures. We recommend reviewing them in light of any new sports or physical activity programmes or services you are planning, and in relation to mental health problems. You may feel that it includes sufficient procedures for supporting people with mental health problems in your organisation, however if you believe it to be lacking in provision we hope this guidance will support you to develop your approach.

Check now to see what you have in place. If there is not a clear process for dealing with concerns then you can access a sample policy and procedures that you can adapt to fit your setting from the Ann Craft Trust <http://www.anncrafttrust.org/good-practice-in-sport.php>.

If you are concerned about someone, don't keep it to yourself. Wherever possible speak to the adult involved about your concerns and find out their views. Let them know what you are going to do next. Share the issue with the person in your organisation with responsibility for safeguarding (often your line manager). Discuss what you need to do next, depending on the information that you have.

If you are not sure of what to do you can call your local authority safeguarding adults team for advice, you do not have to give people's personal details, just the issues. The workers there will be able to help to guide your actions. If it needs to be referred to them as a safeguarding issue they will guide you through the information that they need and whether you need consent from the adult involved.

To find out more about why people with mental health problems are more vulnerable to abuse and neglect, see [Annex 6](#).

### Top tips for safeguarding adults

- Develop a safeguarding adult at risk policy and procedure separate from the safeguarding children policy and procedure.
- Ensure that the definitions and legislation are up to date and relevant.
- Include some case examples that are relevant to your activity.
- Reference your organisation's policies and procedures that link to the document – for example whistle blowing and safe recruitment.
- Find out the contact details of your local authority safeguarding adults team so that you know where to go for advice and to make referrals.

- Link into your Local Adults Safeguarding Board – they offer training and guidance regarding safeguarding adults.
- Get the details of any support organisations relevant to your activity.
- Outline the roles, responsibilities and accountability of staff and volunteers, and in particular who takes a lead on safeguarding.
- Consider how you will ensure that the policy and procedures will become working documents that are referenced and followed by everyone within the organisation – staff, volunteers and participants.
- Think about any training needs that arise from safeguarding adults.
- Include discussions about adult safeguarding within team meetings and supervision sessions.
- Consider including a complaints procedure or right to appeal within your policy and procedures. An individual should have the right to complain if their concern is not followed up or is ignored by the organisation, whether the concern is regarding themselves or another person.
- Contact the Ann Craft Trust for advice and support.

## Risk management

At Mind we have developed a separate approach to manage situations where someone in contact with us is at risk from themselves, rather than someone else. This could be because they are considering self-harm or suicide. We call this our Risk Management policy. We cover risk from others within our Safeguarding policy.

Our approach to supporting people at risk will always take account of our commitment to empowering people to make their own decisions and take action for themselves. However, we balance this with active support to help people to have free choice whilst also offering help.

When choosing the best approach for your organisation, consider:

- your existing policies and procedures
- the skills, knowledge and experience of your staff in relation to mental health
- the support you have from other professionals and services such as confidential helplines, mental health professionals including supervision
- out of hour/on-call and emergency procedures for your organisations

You should consider providing additional training or guidance for the members of staff who would need to respond to any safeguarding concerns which are flagged during a session, along with those involved in the escalation process. Differing levels of training are available, including:

- Introductory level – 3 hour CPD [Mental Health Awareness for Sport and Physical Activity course](#)

- Intermediate level – 2 day **Mental Health First Aid course**
- Advanced level – **ASIST Applied Suicide Intervention Skills Training** 2 day suicide prevention and risk management training

## Boundaries

Boundaries are guidelines, rules or limits that define acceptable and unacceptable behaviour for your staff, volunteers and participants. Boundaries exist to protect everyone. Establishing clear boundaries is necessary for all services, but it is imperative when designing a mental health sports or physical activity service. It is important to establish what expectations you have of a new service and any staff or volunteer roles within your organisation, club or group.

Relationships with participants may vary depending on the other roles that staff and volunteers have within the club or organisation. For example, the staff member may also be a coach/leader / Welfare Officer / Social Secretary/ Development Officer. Your club or organisation's policies should support you to establish boundaries.

Things you need to consider as a club or organisation;

- **Time:** Know how much time staff/volunteers can offer.
- **Abilities:** Be clear about what professional skills, knowledge and abilities staff/volunteers have.
- **Sharing personal contact details:** Is it appropriate to share personal contact details with participants? You might want to set up a separate email address for volunteers to use, or provide staff/volunteers with a work mobile phone.
- **Social media activities** – What is your organisation's policy about interacting with participants online? It may be appropriate to develop guidelines, or to revise them. It's very common for people to reach out for support through social media, but this is likely to be outside of the boundaries you have set agreed with staff, volunteers and participants.
- **1:1 sports and physical activity sessions:** Is it appropriate to provide participants with 1:1 sessions from staff/volunteers? If so, do you have appropriate training, policies and procedures on lone working along with risk management procedures and out of hours support?
- **Confidentiality:** Be clear on what you can and cannot keep confidential, and the circumstances in which things that have been shared with you may need to be shared elsewhere. Look for this information in your organisation's data protection and confidentiality policies. (see more about confidentiality below)

Things that may not be appropriate in a sports or physical activity setting:

- Being contacted outside of club or work hours including through social media to provide emotional support with mental health and wellbeing

- Providing participants with lifts to get to their appointments with their GPs, therapists etc.
- Providing therapy or counselling support
- Diagnosing people, offering medical or clinical advice or interventions
- Dealing with challenging behaviour such as abusive or threatening behaviour

## Example: England Athletics Mental Health Ambassadors

### MHA boundaries

We can all do something to change the way people think and act about mental health. As a Mental Health Ambassador, you are recruited on the basis of your experiences – either personal experience of a mental health problem or experience supporting a close friend or family member.

Through the Time to Change campaign and Mind's work we know that people with personal experience supporting each other (often called peer support) offer many unique benefits to both parties including shared identity and acceptance of mental health problems, increased self-confidence, the value of helping others, developing and sharing skills, improved mental health, emotional resilience and wellbeing, information and signposting, challenging stigma and discrimination.

As an ambassador you are here to:

- Support
- Engage
- Tweet
- Share
- Talk

Mental Health Ambassadors are not recruited on the basis of qualifications. You are not here to be experts! If you are unsure about your responsibilities you should talk to your Welfare Officer or National Disability Manager.

You are not here to:

- Diagnose people, offer medical or clinical advice or interventions
- Provide therapy or psychological support such as counselling, group therapy sessions.
- Solve everyone's problems for them.

### Top tips for staff and volunteers when setting boundaries

Be clear.

Maintaining clear boundaries starts with understanding the role and keeping it clearly defined

- Identify the kind of activities the staff or volunteers will be responsible for delivering
- Be clear about what activities staff and volunteers will undertake.

Encourage staff and volunteers to keep to the remit of the role.

- Do encourage staff and volunteers to use any skills they may have gained from training such as Mental Health Awareness for Sport and Physical Activity, Mental Health First Aid or ASIST suicide prevention (training to be able to provide suicide first aid). But it's important to remember the role in a sports or physical activity setting is as a coach/ leader or volunteer, and not as a counsellor or mental health nurse. You may have staff or volunteers who are trained counsellors or mental health professionals, but in a sport or physical activity their role is to listen and signpost, and not to make a professional judgement.

Signpost individuals to further information and support.

- Encourage staff and volunteers to ask the person: "What would you like to happen in this situation?" This will help to empower them and encourage them to take the course of action that seems right to them. Be clear about what you can do, as well as what you can't.
- Consider what supervision is available to staff and volunteers. Do you have regular catch up or supervision meetings. Is there an oncall person who they can talk to for advice. It is possible to offer 'clinical supervision' via your colleagues in the NHS.

Explain the role and its limits to colleagues and participants so you can manage people's expectations.

- Be clear about the activities staff and volunteers will be doing as part of their role. For example, they could say "My role as a Mental Health Ambassador is to share information that promotes awareness of how to keep yourself mentally well through physical activity."

Communicate the reasons for the boundary.

- If someone is asking for direct advice or help beyond the limits of the role, staff and volunteers could say: "Sorry, I am not the best person to advise you on that and do not have the knowledge, skills or experience to help you with this. I am not a mental health professional and stepping outside of my abilities as a coach/volunteer/champion might be unhelpful to you. But I can suggest other sources of help and support you may wish to access." The explanation shows that you understand and believe in the reasons for the boundary.

Don't make promises you may not be able to keep.

- For example don't tell someone everything they tell you is completely confidential if there is a chance what they say means you need to alert someone else in your club or organisation.

## When and how to break confidentiality

It's important that there is an agreed policy on breaking confidentiality (telling someone outside the club or organisation).

We suggest that your policy enables you to break confidentiality if:

- There is immediate danger – if a person has clearly told you that they plan to take their life within the next 24 hours, or has already taken action which puts their life in danger, but does not want to seek support themselves and does not give their consent for you to do so – call 999.
- The person is physically present at your club or group and is experiencing a crisis you should act to get them support – this may involve contacting their emergency contact or a mental health professional.
- The person is planning to take action which will put others at risk (for example, stepping in front of a train) we consider this at risk of harm to others, and suggest calling 999.
- The person is under 18 – in these situations the child's welfare should come first and we would suggest contacting their emergency contact and seeking support from 999.
- There is a safeguarding concern that may have a wider impact. For example if someone alleges that they have been abused by a volunteer but asks you not to say anything. This would have to be reported as it is in the public interest that it is investigated.
- There is a safeguarding issue that concerns a child.

You should always discuss breaking confidentiality (telling someone outside the club or organisation) with the individual, and encourage them to seek help and support.

If you need to break confidentiality (tell someone such as a medical professional about your concerns without consent) we recommend this is done with support from the Welfare Officer or should they be unavailable with support of a committee member/ member of management. Breaking confidentiality is a grey area and it's much better to make a decision with the support of a colleague or manager. It's important to continue to discuss this decision after it has been taken and to look out for the wellbeing of the staff involved.

## Managing conversations about mental health

If you think you need to talk to someone about their mental health, we suggest you:

- Find a quiet place with an informal atmosphere, perhaps in a café – this shouldn't feel like a formal interview.
- Actively listen to the person by giving them your undivided attention. Try to leave any questions or comments you may have until the person has finished so you don't interrupt them.

- Once a person knows they are being given the space and time to talk, they will.

If someone approaches you wanting to talk it may not be possible for you to give them the time they need there and then. You should show them you recognise that they have taken a positive step by speaking to you, explain why you cannot talk now and arrange a better time to have the conversation.

If someone is in urgent need of help you should always signpost them to support. You may want to use our website for this > [mind.org.uk](http://mind.org.uk). They can click the yellow button at the top of the home page which says 'I need urgent help', they will then be directed to a series of options. You can also encourage them to call the Samaritans on 116 123 – lines are open 24 hours a day, 365 days a year.

- Reflect back actual words they have used, as this can encourage them to open up more.
- Use empathetic statements such as: "I appreciate this must be difficult for you..."
- Avoid clichés. Comments like 'pull yourself together' or 'you're just having a bad day' are not helpful.
- Remind them that mental health problems are more common than people think and can affect anyone at any time.
- Avoid asking too many questions, especially questions that only require a 'yes' or 'no' answer, or that begin with the word 'why.' Ask open questions to invite a more detailed response:
  - Tell me how you're feeling?
  - How do you look after yourself?
  - What support do you have in place?
- Reassure them that it is positive that they want to talk about their experience, what's happening with them, or that they are looking for support (if this is the case).
- Is the individual aware of sources of support? Signpost to further information and support. It may be helpful to ask the person: "What would you like to happen in this situation?" This will help to empower them and encourage them to take the course of action that seems right to them. Be clear about what you can do, as well as what you can't.
- The important thing is to listen, rather than give advice, the individual needs to be able to act for themselves. Signpost the individual to sources of support, rather than telling them what you think is best.

## Closing conversations about mental health

- Sometimes conversations will come to a natural end. However if this does not happen give the person a gentle indication that the conversation needs to come to an end. You could say something like: “It’s been good to talk, we’ve covered a lot and we will have to wrap up soon because I have another session.” Or whatever you feel is appropriate.
- Summarise your conversation and anything you have both agreed to do. For example: “You have told me that you are going to speak to your GP about how you are feeling, and I will email you details of your local Mind.”
- Ask practical questions such as ‘Is there going to be someone there when you get home?’ or ‘Is there a friend you can go and see?’
- Remember offering a ‘listening ear’ and showing your acceptance, warmth and regard will go a long way to help someone. It may not be possible to get a clear idea of the next steps the person will take as a result of talking to you. Ending the conversation by inviting them to take some time to reflect on what has been discussed and to consider what they may want to do going forward could be the best way to bring the conversation to a close, especially if you feel that there is nothing more you can say at that time.
- If you feel it would be helpful, and it is appropriate within the boundaries of the role, and you are able to commit to giving more of your time in this way, you may want to arrange another time to meet up and talk.
- See risk management and breaking confidentiality for circumstances when you might take action on behalf of the individual.

## Ensuring your own mental wellbeing

Being a point of contact to have conversations about mental health with colleagues can be very rewarding, but it can also be time consuming and emotionally overwhelming. You might also find that discussing subjects or traumatic events close to your own experiences, or that of others close to you, may impact on your own mental health this is often called triggering – especially if you’re feeling unwell.

We encourage you to think carefully about how you’ll look after your own wellbeing and make sure you have appropriate support in place. You might find it helpful to look at our information on staying mentally well and dealing with pressure.

## Support within your organisation

It is also likely that your organisation offers independent support to help you manage your wellbeing. Sometimes this is called an ‘Employee Assistance Programme’.

It is also good practice to offer staff and volunteers regular supervision meetings or catch ups. It may be appropriate to arrange clinical supervision from colleagues in NHS.

**Wellbeing kitbag or Wellness Action Plan** – you might find it helpful to develop a Wellness Action Plan. Developing a Wellness Action Plan (WAP) can help individuals to actively support their own mental health by reflecting on the causes of stress and poor mental health, and by taking ownership of practical steps to help address these triggers. This process can also help people working with them such as managers and colleagues to open up dialogue with individuals, understand their needs and experiences and ultimately better support their mental health.

The WAP is inspired by Mary Ellen Copeland's Wellness Recovery Action Plan® (WRAP®): an evidence-based system used worldwide by people to manage their mental health. We all need to support our mental health, so all staff should be offered a WAP – whether they have a mental health problem or not. This sends a clear message that the organisation cares about employee wellbeing and helps encourage people to be open and seek support sooner. By planning in advance, organisations can ensure that everyone receives the support they need when they need it.

**Elefriends** <https://www.elefriends.org.uk> – A supportive online community where you can be yourself. We all know what it's like to struggle sometimes, but now there's a safe place to listen, share and be heard. Moderated by Mind, Mondays to Fridays, 10am to 5pm. It is monitored once a day on weekends and public holidays.

**GP** – talk to a health care professional, such as your GP.

**Urgent help from Mind** <http://www.mind.org.uk/> – If you need urgent help please go to the Mind website and click the yellow button at the top which says 'I need urgent help'.

**Samaritans** <http://www.samaritans.org/> 116 123 – Lines are open 24 hours a day, 365 days a year. Completely confidential, if there is something troubling you they will help you talk things through.

## What does good practice look like?

Dudley Mind have a "text you are home" system for volunteers and staff who are leading sports and physical activity sessions out of hours.

Fitness in Mind teamed up with NHS locally who provide clinical supervision 1 hour per month to staff and volunteers.

England Athletics have developed a handbook and FAQ guide for Mental Health Ambassadors

Mind offer reflective practice sessions monthly for staff to discuss any issues they are having personally or with their work with a trained counsellor.

Middlesbrough and Stockton Mind meet people who have been referred to them face to face ahead of inviting them to join services to help to understand their goals and aspirations, support needs and any areas of risk.

## Further information and advice

- Your local Safeguarding Adults Board is the local lead for safeguarding arrangements for adults with care and support needs.
- The Local Authority Designated Officer (LADO) – is an officer or team of officers involved in the management and oversight of individual cases of allegations of abuse made against those who work with children.
- The Ann Craft Trust (ACT) provide information and training on safeguarding adults at risk in sport. They have developed a safeguarding resource for adults. You can find this on ACT's website. [www.anncrafttrust.org](http://www.anncrafttrust.org)
- NSPCC Child Protection in Sport Unit has a range of resources and tools on its website for organisations working with children and young people. [www.thecpsu.org](http://www.thecpsu.org)

## Frequently Asked Questions

**If someone discloses a mental health problem to me should I tell other people in the club/group/organisation what I know such as other leaders, coaches, committee members or managers?**

No, unless you have very serious concerns about somebody's safety, then being discreet and respecting someone's confidentiality is essential. If you think that by sharing the information with one or two other people such as the Welfare Officer/ coach/manager for a very clear and specific reason could help the person, seek their clear and specific consent to this.

You should follow these principles:

- Encourage the person to disclose information themselves with the people who need to know e.g. coach or leader.
- Focus on how it affects their involvement in the club, group or activity.
- Should you need to tell others coaches or committee members, explain to the individual that you will need to inform others such as the Welfare Officer and the reasons why.

It is important that information is treated as confidential as far as is reasonably possible as you want to build trust and respect. See guidance on when and how to break confidentiality (telling people outside of the club or organisation).

**A participant has contacted one of our volunteers out of hours on Facebook and via text stating that they have cut themselves and they are having suicidal thoughts. The volunteer feels out of their depth – what should I do?**

This is a distressing situation for both the volunteer and the participant. It is important to reassure the volunteer to look after their own mental wellbeing and for them to reaffirm their boundaries with the participant, but at the same time be empathetic

to their situation. The volunteer is not professionally trained to support someone experiencing a mental health crisis, they should signpost the participant to access emergency services.

- For urgent medical attention, their options are Accident & Emergency (A&E) and Emergency GP appointments.
- For urgent medical advice they can call the NHS 111 (England) or NHS Direct (Wales).

It is important that the volunteer is clear of your organisation's policy on when and how to break confidentiality. This will help you determine what further action to take should the participant not wish to seek help independently. The volunteer should also be supported to record the incident following your organisation's reporting mechanisms.

It is important to offer the volunteer the opportunity to talk this through with their manager or the Welfare Officer, signposting them to further support for their own mental wellbeing such as your Employee Assistance Programme (if this is available to your volunteers). Agree what follow up is needed with the participant and who this should come from. As part of the review, revisit your guidance about boundaries and social media contact. Do you need to make any changes to your procedures as a result of this situation?

**There are so many different places and organisations. Where should I signpost someone to for their mental health?**

#### **Mind**

Mind Infoline: 0300 123 3393

Our lines are open 9am to 6pm, Monday to Friday (except for bank holidays).

Email: [info@mind.org.uk](mailto:info@mind.org.uk)

#### **Samaritans**

Samaritans offer a 24 hours a day, 365 days a year confidential, free helpline. You don't have to be suicidal to call it.

Helpline: 116 123

Email: [jo@samaritans.org](mailto:jo@samaritans.org)

Their GP, NHS 111 or 999

**A new participant who has been referred to our mental health sports programme has informed us they have a criminal conviction that means they are not allowed to attend a leisure centre or place where children and young people are present. Should I allow them to take part in our service?**

Firstly, it is positive that the participant has been open and honest with you about their conviction. Whilst it is not your place to ask probing questions, you do have a duty to safeguard everyone in your service. A follow up question would be to ask how they feel they could be involved in the programme or which sessions they feel are appropriate for them to attend. Your response to this will depend on logistics – do you

offer sessions that would be appropriate for the participant to attend, e.g. held at an appropriate closed venue, small groups?

It may be your organisation's policy to conduct risk assessments for individuals who are at risk of harm to self or others, this is good practice. These should be written in partnership with the individual and other professionals who have referred the participant into the service and identify ways to keep everyone safe.

**A volunteer has disclosed that they have a criminal conviction on their application form – can I still allow them to volunteer as a peer supporter?**

It is positive that the volunteer has openly disclosed their conviction on the form however it is important to establish the nature of the conviction including when it took place and whether it will impact on the person's ability to undertake the role and the safeguarding of others.

Ahead of recruiting volunteers it is important to define the volunteer role clearly using a volunteer role description, this will help your organisation to determine whether this is regulated activity and appropriate for a Disclosure and Barring Check. It will also help you decide if the role is covered under the Rehabilitation of Offenders Act 1974, and help you assess what training and supervision is required. It may be necessary to develop a risk assessment for the volunteer, and determine which roles are appropriate for them to undertake. We recommend discussing this with your Welfare Officer and senior management, and seeking independent advice from agencies such as the police or probation, or charitable organisations such as the NSPCC or the Ann Craft Trust.

**Do you have a question that hasn't been answered in this guide? Contact us at [sport@mind.org.uk](mailto:sport@mind.org.uk) for further information and advice.**

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## Annex 1:

# The principles of safeguarding adults

The key legislation for safeguarding adults is the Care Act 2014, and the Mental Capacity Act 2005. The Care Act 2014 made changes to adult social care by introducing a new general duty to 'promote individual well-being', it also put safeguarding adults on a statutory footing for the first time.

The Act outlines the safeguarding responsibilities of local authorities and specific organisations working with adults (such as NHS Trusts and the Police). Although it doesn't contain specific requirements for sports and physical activity providers, the principles should be used to guide your work.

The Act identifies 6 key principles for safeguarding adults and explains how the safeguarding process is experienced by those involved.

- 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.**

It is important that community services, such as sport and activity organisations, work with safeguarding services to detect abuse and neglect.

The principles firmly place the person at the heart of safeguarding. This is called 'making safeguarding personal', and it's a move away from focusing on the safeguarding process and towards helping the adults look at what would be a good outcome for them.

The Mental Capacity Act 2005 further underpins safeguarding adults. It is designed to protect and empower individuals who lack capacity, and to help those who have capacity to plan for the future. For more information see the [social care institute for excellence's website](#).

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## Annex 2:

# The differences between safeguarding children and adults

Organisations sometimes use their existing safeguarding children guidance to cover 'vulnerable adults' as well. However there are significant differences between safeguarding adults and children.

Child protection guidance and legislation applies to all children up to the age of 18. All organisations that come into contact with children should have a safeguarding children policy in place and know what to do if they have a concern about a child.

The Care Act 2014 applies to all people aged over 18, even when they may be receiving what may be thought of as a 'children' or 'young people's' service. So, if you had a group of young people aged 16 – 25 taking part in activities, any safeguarding concerns for the 16 – 17 year olds should be dealt with using safeguarding children policies, and concerns for the people aged 18 years and above would come under safeguarding adults policies.

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## Annex 3:

# Adults with care and support needs

The Care Act 2014 has moved away from labelling people as ‘vulnerable adults’. The Act instead speaks about the responsibilities that local authorities have to ‘adults with care and support needs.’ This includes people who have a condition as a result of physical, mental, sensory, learning or cognitive disabilities or illnesses, substance misuse or brain injury.

There is a responsibility for local authorities to safeguard adults with care and support needs who are unable to protect themselves from either the risk of, or the experience of abuse or neglect – these are adults at risk.

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## Annex 4:

# Issues which are not included in the Statutory Guidance to the Care Act 2014, but also relevant to safeguarding adults

### Cyber Bullying

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

### Forced marriage

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

### Mate Crime

A 'mate crime' is when 'some people pretend to be friends with someone who has learning disabilities but then go on to exploit them. Many people with learning disabilities have 'friends' who go on to abuse them. This has led to people losing their independence, financial, physical and sexual abuse, exploitation ... even murder.'

<http://arcuk.org.uk/safetynet/project-background>

The way they are exploited may not be illegal, but it still has a negative impact 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 cases relating to people with a learning disability who were murdered or seriously harmed by people who claimed to be their friend.

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## Annex 5:

### Who might abuse adults?

Abuse and neglect may be carried out by anyone in contact with adults. This may include:

- Spouses, friends, family and neighbours
- People employed to provide care
- Paid staff or professionals
- Volunteers
- Strangers

There may be indicators that adults are experiencing harm from people within your organisation, for example other participants, volunteers or staff. Or they may be experiencing harm from those connected with their life outside of the activity, for example a carer or a spouse. In either case you have a responsibility to do something.

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## Annex 6:

# Why are people with mental health problems more vulnerable to abuse and neglect?

There are a number of reasons for this including:

- The condition may be seen first and the person second. This can result in a person not being listened to, understood, believed or taken seriously and being on the receiving end of negative attitudes.
- The condition may itself impact on people's ability to understand personal boundaries, judge the motives of others, have the confidence to speak out or physically defend his/herself.
- The person may be unaware of who to talk to, they may have a fear of intimidation or getting people into trouble, they may be scared that they will lose services and they may be unaware that they are experiencing abuse or neglect.
- Involvement with many different professionals may mean that there is poor communication and safeguarding issues may be missed.