



Disability Sport NI and Live Active NI Safeguarding Adults Policy & Procedures

Date of Approval	June 2024
Date approved by Board of Directors	
Review Date	June 2027

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1 Introduction

Although the majority of adults participating in sport and active recreation programmes generally do so in a safe and positive atmosphere, Disability Sport NI and Live Active NI recognise that abuse can occur within many environments, including the home and sporting environment.

Disability Sport NI and Live Active NI recognise that they have a responsibility to safeguard the welfare of adults participating in their programmes.

1.1 Definitions

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

- **Adult at risk from harm or abuse:** is a person aged 18 or over, whose exposure to harm through abuse, exploitation or neglect may be increased by their:
 - a) **Personal characteristics** which may include, but are not limited to, age, disability, special educational needs, illness, mental or physical frailty or impairment of, or disturbance in, the functioning of the mind or brain.
AND/OR
 - b) **Life circumstances** which may include, but are not limited to, isolation, socio-economic factors and environmental living conditions.
- **Adult in need of protection:** is a person aged 18 or over, whose exposure to harm through abuse, exploitation or neglect may be increased by their:
 - a) Personal characteristics **AND/OR**
 - b) Life circumstances **AND**
 - c) Who is unable to protect their own well-being, property, assets, rights or other interests;
AND
 - d) Where the action or inaction of another person or persons is causing, or is likely to cause, him/her to be harmed
- **Adult Safeguarding** is protecting a person's right to live in safety, free from abuse and neglect.
- **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. Staff and volunteers must be aware that capacity can fluctuate, and it is both issue and time specific, therefore it should be kept under regular review.

If a member of staff or volunteer has any doubts about the capacity of an adult to make a decision or series of decisions, they should inform their Line Manager or Adult Safeguarding Champion, who should seek professional advice from the local HSC Trust. It may be necessary for a HSC professional to conduct a capacity assessment.

Any decisions made or actions taken on behalf of an adult who lacks capacity must be done in their best interests, after considering their preferences. The person/agencies making the decision must consider whether it is possible to do this in a way that would interfere less with the freedoms and rights of the adult. Where appropriate, relevant family members or carers will be consulted regarding what action to take

- **Consent** is a clear indication of a willingness to participate in an activity or to accept a service. A person at risk may signal consent verbally, by gesture, by willing participation or in writing. Decisions with more serious consequences will require more formal consideration of consent and appropriate steps should be taken to ensure consent is valid. No one can give, or withhold, consent on behalf of another adult unless special provision for particular purposes has been made for this, usually in law. Consent is only considered to be valid when:
 - The adult has the capacity to consent, that is, they can understand and weigh up the information needed to make the decision; and
 - The adult is appropriately informed, that is, they have been given sufficient information, in an appropriate way, on which to base the decision; and
 - It has been given voluntarily, that is, free from coercion or negative influence.
- **Self-Neglect** is when a concern has arisen due to the person seriously neglecting his/her own care and welfare and putting him/herself and/or others at serious risk. Responding to cases of self-neglect poses many challenges.

1.2 What is Abuse?

Abuse is a 'single or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust, which causes harm or distress to another individual or violates their human or civil rights'.¹

Abuse is the misuse of power and control that one person has over another. It can involve direct and indirect contact and can include online abuse.

"Adult Safeguarding: Prevention and Protection in Partnership" (DOH and DOJ, July 2015) outlines the main forms of abuse:

Physical abuse is the use of physical force or mistreatment of one person by another which may or may not result in actual physical injury. This may include hitting, pushing, rough handling, exposure to heat or cold, force feeding, improper administration of medication, denial of treatment, misuse or illegal use of restraint and deprivation of liberty. Female Genital Mutilation (FGM) is considered a form of physical AND sexual abuse.

Sexual violence and abuse is 'any behaviour (physical, psychological, verbal, virtual/online) perceived to be of a sexual nature which is controlling, coercive, exploitative, harmful, or

¹ Action on Elder Abuse: definition of abuse 1993 which can be accessed at www.elderabuse.org.uk/Mainpages/Abuse/abuse.html This was later adopted by the World Health Organisation: www.who.int/ageing/projects/elder_abuse/en/

unwanted that is inflicted on anyone (irrespective of age, ethnicity, religion, gender, gender identity, sexual orientation or any form of disability).²

Sexual violence and abuse can take many forms and may include non-contact sexual activities, such as indecent exposure, stalking, grooming, being made to look at or be involved in the production of sexually abusive material or being made to watch sexual activities. It may involve physical contact, including but not limited to non-consensual penetrative sexual activities or non-penetrative sexual activities, such as intentional touching (known as groping). Sexual violence can be found across all sections of society, irrelevant of gender, age, ability, religion, race, ethnicity, personal circumstances, financial background or sexual orientation.

Psychological/emotional abuse is behaviour that is psychologically harmful or inflicts mental distress by threat, humiliation, or other verbal/non-verbal conduct. This may include threats, humiliation or ridicule, provoking fear of violence, shouting, yelling and swearing, blaming, controlling, intimidation and coercion.

Financial abuse is actual or attempted theft, fraud or burglary. It is the misappropriation or misuse of money, property, benefits, material goods or other asset transactions which the person did not or could not consent to, or which were invalidated by intimidation, coercion or deception. This may include exploitation, embezzlement, withholding pension or benefits or pressure exerted around wills, property or inheritance.

Institutional abuse is the mistreatment or neglect of an adult by a regime or individuals in settings which adults who may be at risk reside in or use. This can happen in any organisation, within and outside Health and Social Care (HSC) provision. Institutional abuse may occur when the routines, systems and regimes result in poor standards of care, poor practice and behaviours, inflexible regimes and rigid routines which violate the dignity and human rights of the adults and place them at risk of harm. Institutional abuse may occur within a culture that denies, restricts or curtails privacy, dignity, choice and independence. It involves the collective failure of a service provider or an organisation to provide safe and appropriate services, and includes a failure to ensure that the necessary preventative and/or protective measures are in place.

Neglect occurs when a person deliberately withholds, or fails to provide, appropriate and care and support which is required by another adult. It may be through a lack of knowledge or awareness, or through a failure to take reasonable action given the information and facts available to them at the time. It may include physical neglect to the extent that health or well-being is impaired, administering too much or too little medication, failure to provide access to appropriate health or social care, withholding the necessities of life, such as adequate nutrition, heating or clothing, or failure to intervene in situations that are dangerous to the person concerned or to others particularly where the person lacks the capacity to assess risk.

“Adult Safeguarding: Prevention and Protection in Partnership” does not include self-harm or self-neglect within the definition of an ‘adult in need of protection’. Each case will require a professional HSC assessment to determine the appropriate response and consider if any underlying factors require a protection response. For example, self-harm may be the manifestation of harm which has been perpetrated by a third party and which the adult feels unable to disclose.

² The definitions of ‘sexual violence and abuse’ and ‘domestic violence and abuse’ are from “Stopping Domestic and Sexual Violence and Abuse in Northern Ireland, A seven year strategy” (DOH and DOJ, March 2016) available at www.health-ni.gov.uk

Exploitation is the deliberate maltreatment, manipulation or abuse of power and control over another person; to take advantage of another person or situation usually, but not always, for personal gain from using them as a commodity. It may manifest itself in many forms including slavery, servitude, forced or compulsory labour, domestic violence and abuse, sexual violence and abuse, or human trafficking.

1.3 Disability, Vulnerability and Abuse

Not every adult with disabilities is vulnerable in every situation. However it can be said that certain factors may mean that adults at risk from harm and abuse are more vulnerable and could therefore be more open to abuse. The following list examines some of the reasons why disabled people may be more vulnerable:

- Individuals with dependency and support needs may have found that it is easier to be pleasing and compliant than challenge those caring for them because of the consequences. Any challenge or complaint could lead to more abusive practice or retribution.
- Continuing dependency on others may make some people feel powerless.
- Lack of education regarding personal, sexual and social skills and lack of information about individual rights, together with feelings of isolation and rejection, may make some disabled people more vulnerable. This includes those people with a sensory impairment who have not had the opportunity to learn appropriate and inappropriate touching or guiding.
- A physical impairment may prevent individuals from defending themselves by being able to physically move away from a situation.
- Communication difficulties may make it hard to complain or be understood. This could be that the individual is unable to speak to tell anyone or does not have the vocabulary to describe what has happened to them.
- Individuals requiring intimate care could be in an increased vulnerable situation, especially if they have to rely on a number of different carers to support their needs.
- The common misconception that no-one would abuse a disabled person, has meant that in the past procedures for reporting abuse have not been in place as it has been felt that they are not necessary. Those with a disability are much more likely to be abuse than those without a disability.
- There may be misuse of treatments, for example, inappropriate use of medication or carers not being properly instructed or adhering to a care plan.
- The general thought that disabled people are not abused may make it difficult for them to be believed if they report an incident.
- Intrusion into body space for physical and medical care can lead to disabled people never developing ownership of their own bodies.
- Some individuals may be unable to recognise or understand abusive situations and behaviour by others, both potential and actual.
- The stress that some parents and carers experience from looking after a disabled person may lead to abuse. Parents especially are often seen as *pillars of strength* and *wonderfully* caring when they are, in fact, struggling to manage.
- Some visually impaired people may not be able to read the facial expressions or body language or other people around them. They may also not be aware that another person or a number of people are near them.
- There may be occasions when a visually impaired person would need to ask a stranger for help; this could potentially be an opportunity for the sports person to be abused.

2. Policy Statement

Disability Sport Northern Ireland and Live Active NI acknowledges the duty of care to safeguard and promote the welfare of adults at risk from harm and abuse and is committed to ensuring its safeguarding practice reflects statutory responsibilities, government guidance and complies with best practice.

The policy recognises that the welfare and interests of adults at risk from harm and abuse are paramount in all circumstances. It aims to ensure that regardless of age, ability or disability, gender reassignment, race, religion or belief, sex or sexual orientation, socio-economic background, all adults at risk from harm and abuse

- have a positive and enjoyable experience in sport with Disability Sport NI and Live Active NI in a safe environment; and
- are protected from abuse whilst participating in sport and active recreation activities.

3. Implementing the Policy

Disability Sport NI and Live Active NI will endeavour to safeguard adults at risk from harm and abuse by:

- Following careful Recruitment and Selection procedures to check the suitability of employees and volunteers to work with adults at risk from harm and abuse.
- Train staff and volunteers on issues related to the protection of adults at risk or harm and of their responsibilities. under the organisation's 'Guidelines of Good Practice' (section 6 of this policy)
- Adopting a 'Staff/Volunteer Guidelines of Good Practice' for the safeguarding of adults.
- Reporting concerns about suspected abuse to the relevant statutory agencies.

4. Recruitment and Selection of Staff and Volunteers

To ensure that unsuitable people are prevented from working with adults at risk from harm and abuse within its programmes the following recruitment and selection process will be implemented for all applicants for paid and voluntary positions which may involve regularly caring for, training, supervision or being in sole charge of adults at risk from harm and abuse.

Recruitment & Selection Process (see Recruitment and Selection Policy for full details):

Employees

- Specific jobs will have a tailored application form based on the position.
- All application forms are designed to illicit information about an applicant's past career, including any gaps, and to establish any criminal record in accordance with current Rehabilitation of Offenders 1979 (NI) Order (exceptions) – Amendment (NI) Order 2014.
- Consent is required from applicants (if required depending on the position – see guidance on vetting systems) for an 'Enhanced Disclosure' check (included in application form). This means that applicants for certain posts will be subject to Access NI disclosure checks.
- Two referees are required. Disability Sport NI and Live Active NI will check references, in writing prior to confirmation of appointment. There are measures in place to ensure confidentiality of information received in relation to all applicants.
- All appointments will be made following interview, and subject to receipt of an 'Enhanced Disclosure' certificate from Access NI (if necessary for that particular job) and two satisfactory references.

Volunteers

- Individual volunteers will be required to complete an application form which includes their personal details and the areas of work they would like to be involved in.
- All application forms are designed to illicit information about a volunteer's past career, including any gaps, and to establish any criminal record in accordance with current Rehabilitation of Offenders Act 1974 (exceptions) – Amendment Order 1986.

- Volunteers will only be required to give consent for an Access NI check if their particular role falls into the 'regulated activity' category (see guidance on vetting systems).
- All volunteers will be required to sign the 'Volunteer Code of Conduct' and will also receive an induction for the area of work they are volunteering in.

5 Training

All Disability Sport NI and Live Active NI staff will receive training in relation to the protection of adults at risk from harm and abuse. Staff training should be renewed every three years and can be completed through face to face delivery or online learning. However, training can only be renewed via online learning once within a six year period. Staff will be made aware of their role in the safeguarding of adults and how to recognise various forms of abuse.

Volunteers who have regular access to adults who may be at risk from harm and abuse will also receive training in relation to the protection of adults. Training will also be renewed every three years and can be completed through face to face delivery or online learning. Training can only be renewed via online learning once within a six year period. Volunteers will be made aware of their role in the safeguarding of adults and how to recognise various forms of abuse.

To ensure that adults at risk from harm and abuse are treated with dignity and respect at all times, staff and volunteers must follow the organisations safeguarding code of conduct.

6 Staff/Volunteer Guidelines of Good Practice.

All staff and volunteers should be encouraged to demonstrate exemplary behaviour in order to reduce the likelihood of allegations being made. The following are common sense practices of how to create a positive culture and environment for all adults.

6.1 Minimizing Situations where abuse may occur.

Staff and volunteers have a responsibility to minimize situations where abuse may occur by implementing the following procedures:

6.1.1. General Procedures

- Always be publicly open when working with adults. Avoid situations where you are alone with a person and completely unobserved.
- Individual members of staff/volunteers should avoid spending excessive amounts of time with individuals, away from others.
- On occasions it may be necessary for performance staff to work with athletes on a one to one basis. Where this occurs, consent should be given in advance and sessions should be held in a public environment and in view of others (for example a hall in a public leisure centre).

6.1.2. Procedures for Events or Participation & Coaching Activities

(See Competition and Training Travel Policy for 'away' and 'overnight' trips.

- **Participant Registration Forms:** **Participant Registration** Forms must be completed by the participants or group leaders before they are allowed to participate in Disability Sport NI or Live Active NI's events or participation and coaching activities.
- **Staff Ratios:** Staff to participant ratios for Disability Sport NI and Live Active NI events or participation and coaching activities will be assessed on an individual basis for each activity taking into account the following factors:
 - The specific support needs of the participants involved.
 - The degree of risk involved in the activity.
 - The availability of supervision staff/coaches at hosting venues/organisations.
- **Accident/Injury/Illness:** A record of any injury sustained during participation in a Disability Sport NI or Live Active NI event or programme or the occurrence of any illness among participants must be recorded by Disability Sport NI and Live Active NI staff/volunteers. This must be recorded in the accident book and reported to your Line Manager as soon as possible. Any occurrence of injury/illness must be notified to parents/guardians or teacher/group/coaches as soon as possible.
- **Changing / Intimate Personal Care:** At all Disability Sport NI and Live Active NI events and programmes changing and the provision of intimate personal care is the responsibility of parents/guardians or teachers/group leaders.
- However, in exceptional circumstances when parents/guardians or teachers/group leaders are not available staff may feel it is appropriate to assist with changing/personal care in order to maintain the safety, dignity or wellbeing of an adult. Where this is the case, staff may only do so with the permission of the adult.
- **The Lifting, Manual Support and Transferring of Adults at Risk or Harm** at all Disability Sport NI and Live Active NI events and programmes is the responsibility of parents/guardians or teachers/group leaders.
- However, in exceptional circumstances when parents/guardians or teachers/group leaders are not available staff may feel it is appropriate to assist with lifting, manual support or transferring an adult in order to maintain the safety, dignity or wellbeing of an adult. Where this is the case, staff may only do so with the permission of the adult.
- **Transport:** Where transport is provided/organised by Disability Sport NI and Live Active NI, vehicles should be roadworthy and appropriate to the needs of adults at risk or harm. Disability Sport NI and Live Active NI staff or volunteers should also be in attendance on the transport.
- Individual members of staff should avoid offering lifts to individuals. However in some instances, particularly within the performance sport environment there may be

justification for giving lifts on occasions. The request must come from the adult/parent/guardian and written permission is provided in advance of the journey. Where this is requested, staff may only agree if they feel the justification is valid and appropriate.

6.1.3. Guidelines on appropriate ways to capture, store and distribute photos, videos and recordings (see Audio Visual Policy for more information)

There is evidence that some people have used sporting events as an opportunity to take inappropriate photographs or film footage of adults in vulnerable positions.

To avoid the inappropriate use of images of adults involved in Disability Sport NI's and Live Active NI's programmes staff/volunteers need to follow these guidelines:

- There is an official Disability Sport NI and Live Active NI camera that is kept in a locked cupboard in the office. Please ask the Communications & Engagement Officer or your Line Manager if you would like to use the camera. We advise that where possible you use this for all photo, video and voice recordings associated with both organisations.
- You must have verbal consent to take any recordings whether visual or audio of anyone over 18 years old including the individuals, parents, careers or an individual/organisation with permission to act on behalf of the individual and have advised on what it will be used for. Where possible you should obtain written permission consent form. Once verbal or written consent has been granted it is polite to then verbally ask the adult's permission. (Please find blank forms and save completed forms under Data – Photos – Photo Consent Forms on the Disability Sport NI internal server).
- If you see any imagery or recordings that reflect poorly on Disability Sport NI or Live Active NI, please notify the Communications and Engagement Officer and do not engage directly with the source of them.
- When engaging with external photographers, videographers or press please do not leave them unsupervised with service users of any age and ensure that they have been briefed on this policy.
- Please encourage parents or guardians to take photos or videos focusing on the positives of the activities, with the athletes consent and share them with us for promotional purposes.
- When storing images, video and recordings please save them to the Data Drive and ensure that they are categorised appropriately by folder names. Please do not store images locally to laptops, phones, memory pens and tablets for more than 48 hours where possible.
- Please ensure that all subjects of imagery are appropriately dressed. In sports including but not limited to swimming or gymnastics where you are in doubt please seek advice from the Communications and Engagement Officer.

- When saving imagery to the Data Drive please ensure that you delete any that you feel are not of a reasonable quality and therefore will never likely be used.

6.2 Staff/Volunteer Code of Conduct

Staff and volunteers working with adults at risk or harm have a responsibility to behave appropriately as outlined in the following ‘Code of Behaviour’:

Staff and volunteers should:

- Treat everyone with dignity and respect.
- Provide an example you wish others to follow.
- Plan activities so that they involve more than one other person being present, or at least in sight or hearing of others.
- Respect the adult’s right to personal privacy.
- Provide access for the person to feel comfortable enough to point out attitudes or behaviour they do not like and provide a caring atmosphere.
- Use common sense when demonstrating skills e.g. discuss and explain your actions with adults when physical contact is necessary.
- Remember that someone else might misinterpret your actions, no matter how well intentioned.
- Recognise that caution is required especially in sensitive moments of counselling, such as when dealing with bullying, bereavement or abuse.

Staff and volunteers should never:

- Engage in rough, physical or sexually provocative games, including horseplay with adults.
- Allow or engage in inappropriate touching of any form.
- Allow individuals to use inappropriate language unchallenged.
- Let allegations a person makes go unchallenged, unrecorded or not acted on.
- Do things of a personal nature that an adult can do for his/her self.
- Allow abusive activities (e.g. ridiculing, bullying).
- Have inappropriate physical or verbal contact with others.
- Allow yourself to be drawn into inappropriate attention seeking behaviour such as tantrums or crushes but deal firmly and fairly with such behaviour at all times.
- Exaggerate or trivialise abuse issues.
- Show favoritism to any individual.
- Make sexually suggestive remarks or gestures or tell jokes or stories of a ‘smutty’ nature, to a person.
- Rely on your good name to protect you it may not be enough!
- Believe “it can never happen to me” it can!
- Get close to or have physical contact with a person without clearly explaining what you are doing (e.g. correcting the position of a foot, showing a skill in the water) etc.

If a member of staff accidentally hurts or distresses an individual in any way or if a person appears to become sexually aroused or misunderstands something which that person has done it should be reported as soon as possible to your Line Manager and a brief written note made. Parents or carers should be informed of the incident.

Signs and indicators of abuse and neglect

Abuse can take place in any context and by all manner of perpetrator. Abuse may be inflicted by anyone in the organisation who an individual comes into contact with, or club members, workers, volunteers or coaches may suspect that an individual is being abused or neglected outside of the setting. There are many signs and indicators that may suggest someone is being abused or neglected, these include but are not limited to:

- Unexplained bruises or injuries – or lack of medical attention when an injury is present.
- Person has belongings or money going missing.
- Person is not attending / no longer enjoying their sessions.
- Someone losing or gaining weight / an unkempt appearance.
- A change in the behaviour or confidence of a person.
- Evidence of self-harm.
- Fear or anxiety of a particular group or individual.
- Person telling you / another person that they are being abused – i.e. a disclosure.

Staff or volunteers witnessing any of this behaviour should report their observations immediately, in line with the guidelines outlined in Section 6.5.

BUT REMEMBER DO NOT ACCUSE OR LEAP TO CONCLUSIONS

It is not the responsibility of staff/volunteers to decide whether or not abuse has taken place. It is important however, that they report any concerns/suspicious to the appropriate person.

6.4 Responding to Suspicions or Allegations of Abuse/ Inappropriate Behaviour

Listening to the individual

- React calmly so as not to frighten the individual.
- Take what the person says seriously, recognising the difficulties inherent in interpreting what a person, with learning or communication difficulties, and/or differences in language, says. **Do not probe. Do not lead.**
- Keep questions to an absolute minimum necessary to ensure a clear and accurate understanding of what has been said.
- Always re-assure the person, but **do not make promises of secrecy, but confirm you will maintain confidentiality based on the need to share any information only with those who need to know.**
- Make a full record of what has been said, heard and/or seen as soon as possible, as outlined below in paragraph 6.5.

6.5 Recording Suspicions or Allegations of Abuse/ Inappropriate Behaviour

Staff/volunteers are instructed to record all information and actions taken in relation to the reported incident on a Disability Sport NI and Live Active NI **'Incident Record Form'** (Appendix 1).

Information to be recorded should include:

- The nature of the allegation.
- A description of any visible bruising or other injuries.
- The individual's account and/or account of any accompanying adult of what has happened.
- Any times dates or other relevant information.
- A clear distinction between what is fact, opinion or hearsay.
- Reporting the matter to the Police or Social Services should however not be delayed by attempts to attain information.
- Records should be securely maintained and only viewed by appropriate personnel, Social Services or the Police.

Reporting the matter to the police or social services should not be delayed by attempts to obtain more information. Wherever possible, referrals should be confirmed in writing within 24 hours. A record should also be made of the social services member of staff or police officer to whom the concerns were passed, together with the date and time of the call, in case any follow up is needed.

6.6. Reporting Suspicions or Allegations of Abuse/Inappropriate Behaviour.

What to do if ...

a person says or indicates that he or she is being abused:

If a person says or indicates that he or she is being abused, or information is obtained which gives concerns that a person is being abused, the person receiving the information should:

- React calmly.
- **Take what the person says seriously**, recognising the difficulties inherent in interpreting what is said by a person who may have speech impairment and/or differences in language.
- Keep questions to an absolute minimum necessary to ensure a clear and accurate understanding of what has been said.
- Do not ask leading questions, for example, as ‘Were you hit?’ rather than ‘Did John hit you?’.
- Reassure the person but do not make promises of secrecy, but confirm you will maintain confidentiality based on the need to share any information only with those who need to know.
- Make a full record of what had been said, heard and/or seen as soon as possible and explain that you will have to take this information to Disability Sport NI and Live Active Designated Safeguarding Officer.
- Treat the written record as being strictly confidential.
- Report your concerns immediately to Disability Sport NI and Live Active NIs Designated Safeguarding Officer who can then take appropriate action or advice you on the action to take.

Disability Sport NI and Live Active NI Designated Safeguarding Officer is:

Rhian McCarroll, Performance Pathways Manager
Telephone (Daytime): 028 9046 9925
Evening/Weekends: 078 2553 7362
Email: rmccarroll@dsni.co.uk

Deputy Designated Safeguarding Officers:

Terry Conroy, Performance Pathway Officer (Boccia)
Telephone (Daytime): 028 9046 9925
Evening/Weekends: 078 8795 5065
Email: tconroy@dsni.co.uk

Judith Cooper (Inclusive Pathways Officer)

Telephone (Daytime): 028 9046 9925
Evening/Weekends: 07747106852
Email: jcooper@dsni.co.uk

Disability Sport NI's Board Safeguarding Champion is David Cowan.

Further details and useful contacts are attached in appendix 2.

It may be that a person has indicated to you in ways other than speech, or his/her preferred method of communication, that abuse may be occurring. If this is the case, record what you have seen in detail.

It is never easy to take action in cases of abuse. You may be upset and worried about the impact of reporting the concern of the person, the club and or the organisation to which you belong, the person suspected of being an abuser and so on. You may also be unsure as to whether you have understood the person properly because, for example, of a speech impairment.

Remember – it is not your responsibility to decide whether or not abuse has taken place but it is your responsibility to act on what a person tells you.

What to do if ...

You are concerned about the behaviour of a parent, relative or carer:

Wherever possible, there should be a commitment to work in partnership with parents, relatives or carers when there are concerns about a person. However, in some circumstances, a person may be placed at even greater risk if such concerns were shared, if, for example, the concerns were about the parents, relatives or carers being responsible for the abuse.

The following action is suggested:

- Report your concerns to Disability Sport NI and Live Active NI Designated Safeguarding Officer. If the person is not available, then the person discovering or being informed of the abuse should immediately contact local social services or the local police.

Information passed to the social services department or the police should be as helpful as possible, hence the necessity for making a detailed record outlined in 6.5.

What to do if...

You are concerned about the behaviour of a member of staff or a volunteer.

This would include anyone working with adults in a paid or voluntary capacity, for example, coaches, drivers, team managers, officials etc.

- Report your concerns to Disability Sport NI and Live Active's Designated Safeguarding Officer who will then take appropriate action in accordance with the organisation's procedures.

If Disability Sport NI and Live Active NI's Designated Safeguarding Officer is not available, the person discovering or being informed of the suspected abuse should immediately

contact the local social services department or the local police. They should be able to give you support and advice.

Sometimes people find it very hard to believe that an adult they know and trust could have abused their son or daughter. This may especially be the case if the suspected abuser has been able to give the family some respite from caring for the disabled person, by for example, taking him or her to competitions or outdoor activity holidays. If parents do not feel there is a need for further action and you believe that there is, report your concerns to local social services. If this is not possible, report the matter to your local police station.

A complaint of abuse against a member of staff could result in three types of investigation:

1. A disciplinary or misconduct investigation.
2. A safeguarding protection investigation.
3. A criminal investigation.

The results of the police and safeguarding protection investigation may well influence the disciplinary investigation, but not necessarily.

It is recognised that it is not easy to believe that a colleague or friend may be abusing a person. The organisation should assure all staff and volunteers that they will be fully supported and protected if they have, in good faith, reported their concerns over a colleague's behaviour towards adults at risk from harm and abuse.

If an allegation is found to be false, the organisation should do all that it can to enable the coach or volunteer to continue working within sport and recreation.

What to do if...

You are concerned about the behaviour of another adult at risk from harm and abuse

A person could act in an inappropriate way for a number of reasons, for example:

- They may have learned the behaviour from copying another person or experienced it themselves.
- They have the opportunity to control another person.
- They may be feeling angry or frustrated about something and cannot find another way to express their feelings.
- They may have difficulty in communicating with others and again become frustrated.
- They may be frightened or anxious about something.
- They may not be aware of what is the right way and the wrong way to act.
- They may have limited knowledge about relationships and accepted sexual boundaries.
- They may not be supervised appropriately.
- They may have limited personal space and privacy.
- They may not like the people they are being asked to mix with.
- Their medication may be affecting their behaviour.

Record the behaviour you are concerned about using the form (Appendix 1). Report your concerns to the Disability Sport NI and Live Active NI's Designated Safeguarding Officer who can advise you on the next step which could be:

- Talking to the person or observing the situations when their behaviour causes concern – it may be easy to change the behaviour by, for example, moving the adult from one coaching group to another if there is a clash of personalities.
- Discussing the behaviour which causes concern with relatives and carers, if relevant, to see if they have noticed it and what steps could be taken together with the person to change it.
- Referring your concerns to other professionals if the behaviour is too challenging to manage in the above ways.
- Referring the person to the terms of membership of your club or organisation which refer to the conduct of members to other members, coaches, volunteers and staff.
- Working through the procedures outlined in the section dealing with **'What to do if a person indicates that he or she is being abused'**.