



This Policy shall be applied consistently in relation to all British Canoeing staff, volunteers and participants, regardless of age, disability, gender reassignment, marital or civil partnership status, pregnancy or maternity status, race, religion or belief, sex, or sexual orientation.

BRITISH CANOEING SAFEGUARDING ADULTS' POLICY STATEMENT

Safeguarding adults is the action that is taken to promote the welfare of adults at risk to and protect them from harm.

British Canoeing recognises the need to promote the **welfare and interests of adults at risk** in all circumstances. This policy aims to ensure that inclusive of age, ability or disability, gender reassignment, marriage/civil partnership, pregnancy/maternity, race, religion or belief, sex or sexual orientation **ALL** adults are able take part in paddlesports safely and are protected from **ANY form of bullying, harassment, discrimination and abuse.**

Safeguarding is a collective responsibility. **Everybody involved in paddlesports has a duty of care to safeguard and protect adults at risk**, both inside and outside our sport. British Canoeing has a safeguarding team, policies, and safer recruitment procedures in place to underpin this. **Safeguarding training** is mandatory for anyone working with adults and British Canoeing will ensure that all those working or volunteering in regulated activity have access to appropriate learning opportunities to recognise, identify and respond to signs of abuse, neglect and other safeguarding concerns relating to adults at risk.

Policies and procedures relating to safeguarding will be widely promoted and **are mandatory for everyone involved in paddlesports.** Failure to comply with these policy and procedures will be addressed without delay and may ultimately result in dismissal or exclusion from the organisation.

We will respond to any safeguarding concerns effectively, transparently, consistently and fairly. We are committed to ensuring compliance with dynamic statutory frameworks, government guidance, codes of conduct and best practise and will manage any breach of these in line with our **British Canoeing Safeguarding Procedure and/or HR policies** where applicable. We acknowledge that adults at risk can be particularly vulnerable to abuse and we will take reasonable and appropriate steps to protect their welfare, ensuring that **everyone has a positive, enjoyable experience in our sport in a safe and inclusive environment.**



P6 SAFEGUARDING ADULTS' POLICY

ALL ADULTS SHOULD BE PROTECTED FROM BULLYING, HARASSMENT, DISCRIMINATION, AND ABUSE

Policy Date: November 2023

WHO ARE WE SAFEGUARDING?

The Care Act (2014) states that safeguarding duties apply to Adults at Risk and defines this as those who:

- **Have needs for care and support (whether or not the local authority is meeting any of those needs) and;**
- **Are experiencing, or at risk of, abuse or neglect; and**
- **As a result of those care and support needs are unable to protect themselves from either the risk of, or the experience of abuse or neglect.**

The definition of an Adult at Risk could include **any adult** given their circumstances at a particular time therefore, British Canoeing will refer to Safeguarding 'adults' in this policy.

A key difference between safeguarding children and adults is an adults' right to self-determination. **Ultimately, an adult may choose not to act at all to protect themselves.**

This Policy should be read in conjunction with the following British Canoeing policies:

- British Canoeing Anti-Bullying Policy
- Safeguarding Whistle Blowing Policy
- Safer Recruitment Procedures
- British Canoeing Code of Conduct for Coaching Workforce
- British Canoeing Safeguarding Procedure

Further details can be found on the British Canoeing website <https://www.britishcanoeing.org.uk/guidance-resources/safeguarding/policies-guidance-and-templates>.

This policy should also be read alongside the **Appendices** contained below.

POLICY SCOPE

This policy and any policies and guidelines referenced within this document are those of British Canoeing. They do not apply in Scotland, Wales or Northern Ireland. Visit the websites of the Scottish Canoe Association (SCA), Canoe Wales (CW) or The Canoe Association of Northern Ireland (CANI) for details of the equivalent policies and guidelines in these countries.

This policy will be reviewed every three years, or as a result of changes in legislation and/or government guidance, as required by the local safeguarding partnership, UK Sport and/or national association sports councils or as a result of any other significant change or event.

WHAT IS ABUSE OF ADULTS?

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 could not consent or was pressured into consenting.

Psychological abuse

Including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks.

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.

Physical Abuse

Including assault, hitting, slapping, pushing, kicking, misuse of medication, restraint, or inappropriate sanctions.

Domestic Abuse

Violent or aggressive behaviour within the home, typically involving the violent abuse of a spouse or partner. Can include psychological, physical, sexual, financial, emotional abuse.

ABUSE is the misuse of power and control that one person has over another. It may be a single act or repeated acts. It may be the result of deliberate intent, negligence, omission or ignorance. It can occur within relationships or by strangers and may result in significant harm to, or exploitation of, the person subjected to it.

Organisational abuse

(previously known as institutional abuse)
Neglect and poor care practice within an institution or specific care setting such as 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.

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.

Neglect and acts of omission

Including, ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating.

Discriminatory abuse

Including harassment, slurs or similar treatment; because of race, gender and gender identity, age, disability, sex, sexual orientation, marital status or religion.

Modern slavery

Encompasses slavery, human trafficking; forced labour and domestic servitude.

RECOGNISE POSSIBLE INDICATORS OF ABUSE

There may be **physical** and/or **behavioural** signs and symptoms that might raise your concern about the welfare or safety of an adult. **The following are only indicators and should not be seen as confirmation.** Abuse is not always easy to identify and can be a combination of signs or symptoms, sometimes forming a pattern over time. This is a basic overview, there is a more detailed description of indicators of abuse for each category in APPENDIX B.

Significant changes in behaviour such as:

- Low self-esteem, passivity, becoming withdrawn, quiet.
- Isolates themselves from the group and seems unable to make friends.
- Fear, defensiveness.
- Some people with physical and/or learning disabilities may use alternative forms of communication which may indicate that abuse is happening to them.
- Change in relationship with carers/relatives/family members, e.g., reacting differently to usual around someone.
- Not wanting to go home, seemingly afraid or anxious of carers/ family members
- Becomes aggressive/verbally and/or physically.
- Significant change in sexual behaviour or attitude
- Change in appetite- excessive weight loss or weight gain for no obvious reason

Unexplained/Unlikely/Inconsistent explanations of physical injuries/indicators such as:

- Consistent untreated injuries or health issues.
- Marks on body, including slap marks, finger marks, bruising.
- Unusual difficulty in walking or sitting.
- Multiple fractures.
- Pregnancy and/or presence of an STI/STD.

Unexplained changes in living conditions such as:

- Uncharacteristic inability to pay bills or maintain lifestyle, including lack of heating, clothing, food.
- Physical appearance becomes unkempt, including change in personal grooming.
- Unusual interest shown by family members or others in the person's assets.
- No identification documents in possession
- Other adults in a non-family/caring role appearing to have control over person's time and/or decisions
- Little or no finances of their own.

REMEMBER - It is not your responsibility to investigate allegations or to decide whether an adult is being abused - it is your responsibility to pass the information on to the appropriate person.

WHEN TO REPORT ABUSE

Before Reporting any suspected/known abuse against an adult, remember **ADULTS HAVE THE RIGHT TO SELF DETERMINATION** and this means:

- **CONSENT** from the adult **MUST** be granted *before reporting any concerns (except for the exceptions listed below)*.
- We must **RESPECT THE DECISION** of the adult, regardless of our own assessment of a situation.
- The starting position is always to **ASSUME CAPACITY** unless proven otherwise.

This should **ONLY** be overridden when:

1. To protect others.
2. Where not intervening would cause further harm to the individual.
3. If the adult lacks the capacity to make the decision for themselves.
4. Where a crime may have been committed.

If an adult does not give their consent to report concerns, where possible you should always explain to, and involve the adult concerned with what you plan to do and why.

British Canoeing Staff/Volunteers/Clubs/Delivery Partners do **NOT** have to determine whether an adult has capacity (**this is to be assumed**).

If abuse is experienced, reported, witnessed or disclosed, the responsibility is to:

RECOGNISE possible signs of abuse, **RESPOND** to disclosures or concerns, **REPORT** them to the appropriate person (see reporting concerns), **RECORD** the concerns quickly and confidentially.

MENTAL CAPACITY

There may be situations where a person's lack of capacity impacts a safeguarding decision, people who lack capacity can be more at risk from abuse and neglect and may also not have the ability to consent to decisions made about their life and/or the reporting of a safeguarding incident or concern.

Decisions about reporting and any actions taken should where possible and appropriate be in line with the Mental Capacity Act (2005) principals as stated below.

If you are working with someone who lacks capacity in areas affecting their decision-making ability, you should ensure you have consulted with the appropriate people in their lives for example an Independent Mental Capacity Advocate (IMCA), family member, social worker, etc. to ensure a best interest decision is reached.

The key principles of the Mental Capacity Act (2005) are:

- A person must be assumed to have capacity unless it is established that they lack capacity.
- The term '**lacks capacity**' means a person cannot make a specific decision or take a particular action for themselves at a particular point in time, even if they are able to make other decisions.
- A person is not to be treated as unable to make a decision unless all practical steps to help him/her to do so have been taken without success.
- A person is not to be treated as unable to make a decision merely because he/she makes an 'unwise' decision.
- It may be that a person, who lacks capacity to make a decision at a certain time due to illness or an accident, is able to make that decision at a later date.
- An act carried out or decision made, for or on behalf of a person who lacks capacity must be undertaken, or made, in their best interests with minimal restriction to their freedom and rights as possible.

It is not the role of British Canoeing staff or volunteers to make a decision about whether an adult lacks capacity.

The **immediate safety** of the adult at risk is paramount, the need to report a safeguarding incident can override the Mental Capacity Act if it means making someone safe.

HOW TO REPORT CONCERNS

If you have a safeguarding concern or worry about an adult at risk, whether it relates directly you, is something you have witnessed, or is something that someone has reported or disclosed to you, even if it does not relate to paddlesports – **don't keep it to yourself**.

Even if you think that it is a **lower-level concern** or are not sure - **REPORT IT**. Small pieces of information can help to create a big picture. **IF IN DOUBT – PASS IT ON**.

REPORTING A CONCERN

Tell the appointed safeguarding person, Club **Safeguarding Officer (SO)** / Event Welfare Officer (EWO) or trip organizer and follow up with [concerns form](#) within 24 hours where possible.

If you are **unable** to speak to a Club Safeguarding Officer or **there may be a conflict of interest**, please contact the British Canoeing (or relevant National Association) Safeguarding Team.

FOR CLUB SAFEGUARDING OFFICERS

If you have a concern that requires escalating to the British Canoeing Safeguarding Team or a **referral to statutory agencies** is needed (or if you are unsure) please contact the British Canoeing Safeguarding Team (BCST) **as soon as possible**.

If you have made a statutory referral, please also let the BCST know this **within 24 hrs**.

EXTERNAL HELP

If you are unable to make contact with the appropriate person(s) and need **urgent advice**, you can contact your Local Authority Adults' Social Care (you can find details via [internet search](#))

In these instances, document the advice given and any action taken and complete **concerns form** to the BCST within 24 hours.

CONCERNS ABOUT BRITISH CANOEING STAFF, COACHES OR VOLUNTEERS

All concerns about the behaviour of **volunteers, coaches or other staff** involved with paddlesports, **must** be reported to British Canoeing Safeguarding Team (**or relevant National Association**) either directly, or via the Club Welfare Officer within 24 hours.

To contact British Canoeing Safeguarding Team you can use the [concerns form](#), call **0115 8655354** or email

safeguarding@britishcanoeing.org.uk

Visit the British Canoeing Website [here](#) for further contact details, including the National Associations Lead Safeguarding Officers' details.

Key Points

SELF-CARE

Dealing with difficult situations and listening to disclosures can be difficult. It is important to make sure you look after your own emotional well-being and mental health. If you are struggling with something you have seen or heard, please talk to someone without disclosing any sensitive information, you can talk to your line manager, contact the employee assistance programme, or you can contact The Samaritans: 116 123

ALLEGATIONS

If you have allegations made against you as a member of staff or volunteer and you wish to discuss the matter with an impartial person, please contact British Canoeing Safeguarding Team. They will arrange contact with a Safeguarding Support Officer who can inform you of the investigation process and what you can expect as well as signposting for support and advice.

CONFIDENTIALITY

British Canoeing will take seriously and respond to all safeguarding concerns reported in good faith. All information reported to the Club Safeguarding Officers or British Canoeing will be treated confidentially and will only be shared with others where there is a need to do so, such as for the safety of others or prevention or detection of a crime.

COMPLAINTS

If you are unhappy with how a safeguarding concern has been responded to, in the first instance please contact the British Canoeing Safeguarding Team. ([See also Safeguarding Whistleblowing Policy](#)) or you can contact the **Ann Craft Trust** advice line on:

0115 951 5400 or Email ann-craft-trust@nottingham.ac.uk

HOME NATIONS SAFEGUARDING CONTACTS

England

British Canoeing Safeguarding Team Email: safeguarding@britishcanoeing.org.uk

Or phone BC Safeguarding Manager, Adam Leathwood - Tel 0115 6660197

Scotland

SCA Safeguarding Officer, Andy Murray -Tel: 07900 887007, Email: child.protection@canoescotland.org

Northern Ireland

CANI Safeguarding Officer, Lyn Sherriff - Email: safeguarding@cani.org.uk

Wales

Canoe Wales Safeguarding Officer, Kerry Skidmore - Tel: 07908 683984, Email: childprotection@canoewales.com

APPENDIX A - RECORDING CONCERNS

RECORD AND REPORT CONCERNS AS SOON AS POSSIBLE.

Report all concerns to the Club Welfare Officer or British Canoeing Safeguarding Team within 24 hours. **You should include:**

The Concern – Did you witness it or is this a report from the individual or someone else? Times, dates, people, circumstances. How did the adult present? Scared? Under the influence of substances? What makes you think this? Try to use exact words/phrases when recording.

Any evidence of harm or abuse? Bruises - what size, location, colour? (Don't take photos of the adults or ask to see bruises in places usually covered by clothes) Has the adult got evidence on their devices or at home? Advise them to keep it and not destroy/delete it.

How was it responded to? What did you say/do? Did you ring anyone such as a SO or Adult Local Authority Services? What advice were you given? How did you make sure the adult was safe when they left you? What advice or support did you give them?

Who was it reported to? Did you report to the SO and have you informed the BC Safeguarding Team? Did you refer to statutory agencies or signpost for support?

Remember - your report may be required as part of legal/disciplinary procedures. In all recording, proper consideration must be given to the requirements of current data protection legislation.

REMEMBER – it is **not** your responsibility to investigate allegations or to decide whether abuse has taken place. It is your responsibility to pass the information on to the appropriate person. **Even if you feel the concern is LOW LEVEL please REPORT IT.**

Small pieces of information can help to create a big picture. IF IN DOUBT – PASS IT ON

APPENDIX B – POSSIBLE INDICATORS OF ABUSE

Physical Abuse

- Multiple bruising
- Fractures
- Burns
- Bed sores
- Fear
- Depression
- Unexplained weight loss
- Assault (can be intentional or reckless)

Neglect and Acts of Omission

- Malnutrition
 - Untreated medical problems
 - Bed sores
 - Confusion
 - Over-sedation
 - Deprivation of meals may constitute “wilful neglect”
- Possible Indicators of Psychological Abuse
- Fear
 - Depression
 - Confusion
 - Loss of sleep
 - Unexpected or unexplained change in behaviour

Sexual Abuse

- Loss of sleep
- Unexpected or unexplained change in behaviour
- Bruising
- Soreness around the genitals
- Torn, stained or bloody underwear
- A preoccupation with anything sexual
- Sexually transmitted diseases
- Pregnancy
- Rape – e.g. a male member of staff having sex with a Mental Health client (see Mental Health Act 1983)
- Indecent Assault

Financial and Material Abuse

- Fraud/Theft
- Unexplained withdrawals from the bank
- Unusual activity in the bank accounts
- Unexplained shortage of money
- Reluctance to spend money on basics, food and clothes etc.

Organisational Abuse

- Inflexible and non-negotiable systems and routines
- Lack of consideration of dietary requirements
- Name calling; inappropriate ways of addressing people
- Lack of adequate physical care – an unkempt appearance

Self-Neglect

- This includes various behaviours; disregarding one’s personal hygiene, health or surroundings resulting in a risk that impact on the adult’s wellbeing, this could consist of behaviours such as hoarding.

Psychological and Emotional Abuse

- Fear
- Depression
- Confusion
- Loss of sleep
- Unexpected or unexplained change in behaviour
- Self-harm
- Isolating self from others

Domestic Abuse/Violence

- Visible or hidden physical injuries
- Changes in behaviour including but not limited to; Agitation, anxiety, or constant apprehension, showing signs of fear, changes in sleep habits, developing a drug or alcohol problem, extremely apologetic or meek, loss of interest in daily activities, low self-esteem, seeming fearful, symptoms of depression, talking about or attempting suicide

Modern Slavery

- Evidence of a workplace being used for accommodation
- Workers are distrustful of authorities
- Workers look uneasy, unkempt or malnourished
- Signs of psychological trauma
- Untreated injuries
- Evidence of control over movement (being picked up and dropped off in groups)
- Signs of substance misuse
- Workers don't know work or home address
- Don't have control over own identification documents (passports, driving license, etc.)

Discriminatory Abuse

- Visible or hidden physical injuries
- A tendency for withdrawal and isolation
- Fearfulness and anxiety
- Being refused access to services or being excluded inappropriately
- Resistance or refusal to access services that are required to meet assessed needs

These are only indications, there may be other explanations and adults may have learned to hide their signs of abuse and harm.

APPENDIX C – RESPONDING TO CONCERNS

LISTEN – carefully to what is said, allowing the person to continue at their own pace.

Present as believing what is being said and show that you are taking concerns seriously.

Be open and encouraging, use body language to show that you are listening.

EXPLAIN – that you can't keep the information secret and you have a duty to report this but that you will not tell anyone other than people you need to tell, this may be a parents or social care or the police.

If there is any evidence of abuse either physical or virtual, ask the young person to keep it and not delete or destroy.

CLARIFY – Check the person's account and that you have correctly understood what they have told you.

REASSURE – the person that they have done the right thing by talking to you and it's a step towards making things better. Before they leave you, try to make sure they are calm and to the best of your understanding, are not at a risk of harm from others or themselves.



AVOID showing any negative feelings.

DON'T interrupt, ask lots of questions, or leading questions.

DON'T dismiss the concern, minimize it or attempt to explain it on behalf of someone else.

AVOID doubting the person, looking bored or disinterested, you may prevent them from fully disclosing something very painful.

DON'T allow any previous negative experiences with statutory agencies to influence reporting or sharing concerns.

DON'T panic or allow shock or distaste to show.

AVOID probing for more information than is offered, or conducting an investigation of the case.

AVOID allowing any personal feelings/experiences towards the person reporting or person of concern.



APPENDIX D – RELEVANT LEGISLATION AND GUIDANCE

- **Sexual Offences Act 2003**

The Sexual Offences Act introduced a number of new offences concerning vulnerable adults and children.

- **Mental Capacity Act 2005**

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.

- **Safeguarding Vulnerable Groups Act 2006**

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.

- **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.

- **The Protection of Freedom Act 2012**

The Act includes changes to freedom of information, rights to data and criminal history checks (Vetting and Barring – DBS checks) amongst other civil liberty issues. This Act will affect sport organisations when undertaking safe recruitment and DBS checks.

- **Disclosure & Barring Service 2013**

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/government/organisations/disclosure-and-barring-service

- **The Care Act 2014 – statutory guidance**

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. www.gov.uk/government/publications/care-act-2014-statutory-guidance-for-implementation