

Safeguarding Adults at Risk Policy

Revised 24th February 2025

Revision 1.1

This policy outlines the systems and processes in which CMA Karate Association (the "Association") will ensure the safeguarding of Adults at Risk, as requested by the English Karate Federation (the "EKF").

CMA Karate Association (the "Association") recognises a duty of care to safeguard all adults at risk - involved in all forms of Karate - from harm. Furthermore, the dignity, rights and worth of all adults will be maintained and will be underpinned by this policy. All adults at risk, regardless of age, disability, gender, gender reassignment, pregnancy and maternity, marriage and civil partnership, race, religion and/or sexual orientation (defined as Protected Characteristics within the Equality Act 2010) have the right to equal protection from all types of harm or abuse.

The purpose of the policy

- To provide protection for the adults at risk who receive services from the Association and its clubs.
- To provide staff and volunteers with guidance on procedures they should adopt if they suspect a child and young person at risk may be experiencing or be at risk of harm.
- This policy applies to all staff, including permanent, casual or volunteers regardless
 of their role, that work on behalf of the Association and vulnerable groups engaging
 with the Association.

We will seek to safeguard vulnerable groups by:

- Valuing them by hearing, listening and respecting them.
- Adopting safeguarding guidelines and best practice through procedures and a code of conduct for staff and volunteers.
- Recruiting staff and volunteers through a safe recruitment process, ensuring all necessary vetting checks are made.
- Sharing information about safeguarding and best practice.
- Sharing information about concerns with the appropriate agencies (statutory agencies and those affiliated with Karate), in a confidential manner.
- Providing effective management for staff and volunteers through supervision, support, mentoring and training.

The purpose of having a separate Adults at Risk policy

Following the best practises of the English Karate Federation (EKF), there are several reasons why the Association has chosen to separate the children and adults at risk policies, which are outlined below.

the issues which will affect adults and children can be quite different.





- there are also certain types of abuse which will only affect adults e.g. financial abuse.
- differing laws and policies which oversee the regulation of safeguarding for both groups.
- differing definitions are used and often having one policy can cause confusion, dilutes the message, and can cause a blurring of the boundaries
- adults unlike children have an absolute right to self-determination (unless under severe circumstances and always guided by stringently applied laws). For whilst adults and children are afforded with free will, adults may decide not to protect themselves whereas legal obligations are bestowed on parents or guardians for the protection of children. This therefore can make safeguarding adults more complex than that of children's safeguarding. It is person centred rather than process driven and requires authorities, sporting organisations and anybody with a duty of care, to take into consideration the crucial importance of ensuring a culture exists whereby it is the adults themselves who are informed and consulted on all decisions which affect them.

However, sometimes adults at risk do not want Statutory Services to take action to protect them from harm. Taking action to protect them against their will can create a dilemma therefore staff are required to consult with the Safeguarding Team to ensure a balance between 'the need to protect' and the rights of the adult is attained. Where young adults (aged 18 or over) are still receiving children's services and a safeguarding issue is raised, the matter should be dealt with through adult safeguarding arrangements.

Roles and responsibilities

All staff and volunteers should ensure that they read the safeguarding children policy and other policies of both the Association and the English Karate Federation (the "EKF"), and understand the standards required of them and their responsibilities to ensure the safety and wellbeing of children, young people and adults at risk. They should take appropriate steps (including those set out in this policy and procedure) to ensure that suspicions and allegations of abuse are taken seriously and reported immediately and appropriately.

The Lead Protection Officer (LPO) and the Lead Child Protection Officer (LCPO), known collectively as the Safeguarding Team have been appointed to act on behalf of the association to support the staff and volunteers to deliver effective safeguarding provision across the Association.

The Safeguarding Team will also be responsible for the correct handling, use, storage, retention and disposal of DBS certificate information.

The Association must comply with the law in determining who needs a check and encourages all people who have frequent and regular contact with young people and adults at risk to be DBS checked.

The Association requires all people who work in an unsupervised capacity with children on a regular basis i.e. once a week or more, or intensively (4 or more days in a 30 day period or overnight) to undertake and Enhanced DBS Check. This level of check may also be suitable for club volunteers.





The LPO will provide an important mechanism for critically evaluating the information presented to them and, where necessary, challenging and/or reporting. The LPO, will be responsible for the overall implementation of the appropriate adult safeguarding measure, case management and safer recruitment across the Association. The LPO is responsible for the day-to-day implementation of adult safeguarding.

The Association is committed to reviewing and evaluating our policies, procedures and best practice guidelines on a regular basis. The policies alongside the learning and development programme will support raising awareness of safeguarding and those at risk within the Association.

The Association has developed and will continue to develop its framework to ensure those engaging with the Association and individual clubs can carry out their responsibility for safeguarding vulnerable groups. The Association, in conjunction with and following the guidelines as set by the EKF, has clear and well publicised policies on the EKF Policies page on the EKF Website, which can be found by this link https://www.englishkaratefederation.com/ekf-policies.

Additionally, the Association also follows the Safeguarding guidelines set out by Sport England and The Safeguarding Code in Martial Arts, which can be found by this link https://www.safeguardingcode.com/index.php?redirect=0 and Sport England, which can be found by this link https://www.sportengland.org/guidance-and-support/safeguarding.

The Association requires that all those working or volunteering within our clubs have read and accepted both the Association and EKF's policies and practices. Those working or volunteering with vulnerable groups will be given additional training, where appropriate.

The LPO, together with the LCPO, will work collaboratively with all the clubs within the Association to ensure the implementation of the safeguarding framework and remain in compliance with the EKF.

The Safeguarding of Vulnerable Groups

Principles of Adult Safeguarding

There are 6 principles associated with Adult Safeguarding. These are also enshrined in The Care Act 2014 and include:

1. Empowerment

Supporting adults at risk and encouraging them to make their own decisions. Ensuring that informed consent is obtained if possible

2. Prevention

Acting before abuse/harm has occurred.

3. Proportionality

Only getting involved where needed and ensuring that any involvement is as minimally intrusive as possible.

4. Protection

Representing and supporting those in need.





5. Partnership

Working collaboratively with other organisations to identify, prevent and respond to abuse or neglect.

6. Accountability

Being open and honest.

Definition of an Adult at Risk

The Safeguarding Adults legislation creates specific responsibilities on Local Authorities, Health, and the Police to provide additional protection from abuse and neglect to Adults at Risk.

When a Local Authority has reason to believe there is an adult at risk, they have a responsibility to find out more about the situation and decide what actions need to be taken to support the adult. In Scotland and Wales, the Local Authority can gain access to an adult to find out if they are at risk of harm for example, if that access is being blocked by another person.

The actions that need to be taken might be by the Local Authority (usually social services) and/or by other agencies, for example the Police and Health. A sporting organisation may need to act as part of safeguarding an adult, for example, to use the disciplinary procedures in relation to a member of staff or member who has been reported to be harming a participant. The Local Authority role includes having multi-agency procedures which coordinate the actions taken by different organisations.

An adult at risk, as defined within the Care Act 2014, applies to any adult aged 18 years and older who:

- Has needs for care and support (whether 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

Mental Capacity and Decision Making

We make many decisions every day, often without realising. UK Law assumes that all people over the age of 16 can make their own decisions unless it has been proved that they cannot. It also gives us the right to make any decision that we need to make and gives us the right to make our own decisions even if others consider them to be unwise.

We make so many decisions that it is easy to take this ability for granted. The Law says that to make a decision we need to:

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

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





Most adults can make their own decisions given the right support however, some adults with care and support needs have the experience of other people making decisions about them and for them.

Some people can only make simple decisions like which colour T-shirt to wear or can only make decisions if a lot of time is spent supporting them to understand the options. If someone has a disability that means they need support to understand or make a decision this must be provided. A small number of people cannot make any decisions. Being unable to make a decision is called "lacking mental capacity".

Mental capacity refers to the ability to make a decision at the time that decision is needed. A person's mental capacity can change. If it is safe/possible to wait until they can be involved in decision making or to make the decision themselves. For example:

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

Mental Capacity is important for safeguarding for several reasons.

- Not being allowed to make decisions one is capable of making is abuse. For
 example, a disabled adult may want to take part in an activity but their parent who is
 their carer will not allow them to and will not provide the support they would need.
 Conversely the adult may not seem to be benefiting from an activity other people are
 insisting they do.
- Another situation is where an adult is being abused and they fear the consequences
 of going against the views of the person abusing them. It is recognised in the law as
 coercion and a person can be seen not to have mental capacity because they cannot
 make 'free and informed decisions'.
- Mental Capacity must also be considered when we believe abuse or neglect might be taking place. It is important to make sure an 'adult at risk' has choices in the actions taken to safeguard them, including whether they want other people informed about what has happened, however, in some situations the adult may not have the mental capacity to understand the choice or to tell you their views.

Whilst this may not seem applicable for karate coaches and athletes, by understanding the law surrounding capacity it will help in certain circumstances. You may be faced with a situation whereby you have to take more time to explain things. You could also be asked for your opinion in what is in the best interests of the adult attending the class. When deciding on best interests, weigh up the risks and benefits of a particular task.

Position of Trust

Those who have responsibility for, and authority or influence over, vulnerable groups are in relationships of trust in relation to the vulnerable groups in their care.

A relationship of trust can be described as one in which one party has power and influence over the other by virtue of their work or the nature of the activity. It is vital for all those in such positions of responsibility to understand the power they may have over those in their care, and the responsibility they must exercise consequently.





This means that those in relationships of trust should not:

- Use their position to gain access to information relating to vulnerable groups for their own or others' advantage.
 - Such information should only be used or shared to meet the needs of vulnerable groups.
- Use their power to intimidate, threaten, coerce or undermine vulnerable groups.
- Use their status and standing to form or promote inappropriate relationships.
 - o professional boundaries must be always maintained.

Use of Photographic Filming Equipment

There is no intention to stop people photographing themselves, club mates, or
photography and video being used as an educational tool, but this is in the context of
appropriate safeguards being in place. This is only allowed when an individual has
given us the permission to do so.

Poor Practice and Abuse

Poor Practice takes place whenever staff or volunteers fail to fulfil the highest standards of care and support in their working practice. Poor practice which is allowed to continue can cause harm and can become abuse. Poor Practice is unacceptable and will be treated seriously with appropriate action. An individual may not be aware that poor practice or abuse is taking place, as they may deem the behaviour as 'acceptable'.

The Association's safeguarding policy and procedures define poor practice as follows:

- When insufficient care is taken to avoid injuries (e.g. by excessive training or inappropriate training for the age, maturity, experience and ability of members)
- Allowing abusive or concerning practices to go unreported (e.g. a coach who ridicules and criticises members who make a mistake during a practice or competition)
- Allowing hazing practices (initiations ceremonies) to go unreported
- Placing people in potentially compromising and uncomfortable situations (e.g. inappropriate use by a coach of social media)
- Ignoring health and safety guidelines (e.g. allowing members to set up equipment unsupervised)
- Failing to adhere to the club's codes of practice (e.g. no contact to the head or neck)
- Giving continued and unnecessary preferential treatment to individuals

NB: (Please note – this list is not exhaustive)

Safeguarding Adults Legislation

Safeguarding Adults in all home nations is compliant with United Nations directives on the rights of disabled people and commitments to the rights of older people. It is covered by:





- The Human Rights Act 1998
- The Data Protection Act 2018
- General Data Protection Regulations 2018

The practices and procedures within this policy are based on the relevant legislation and government guidance.

- England The Care Act 2014
- Care and Support Statutory Guidance (especially chapter 14) 2014

Many other pieces of UK and home nation legislation also affect adult safeguarding. These include legislation about different forms of abuse and those that govern information sharing. For example, legislation dealing with:

- Murder/attempted murder
- Physical assault
- Sexual offences
- Domestic abuse/coercive control •
- Forced marriage
- FGM
- Theft and fraud
- Modern slavery and human exploitation
- Hate crime
- Harassment
- Listing and Barring of those unsuitable to work with adults with care and support needs

Para-Karate

Adults at risk may have disabilities which could be perceived as barriers to involvement in karate. However, no matter what the disability (severity, mental/physical) karate can be adapted accordingly to suit a variety of needs.

Abuse and Neglect

The abuse or neglect of adults at risk can be undertaken by anybody who has contact with adults. This may be family members or friends but can also include care providers, volunteers, strangers and where adults at risk are involved with sporting activities this can extend to instructors, fellow karateka, employed Association or Governing Body members (voluntary or otherwise), parents or another adult at risk.

Neglect

Wilfully ignoring medical or physical care needs, failure to provide or withholding access to the necessities of life such as adequate nutrition, shelter, clothing, heating, medication, stimulation and activity, preventing access to personal belongings, such as, glasses, hearing aids. Indications: Poor physical condition and/or personal hygiene, poor environment - dirty or unhygienic, pressure sores or ulcers, untreated injuries and medical problems, malnutrition or unexplained weight loss, complaints of hunger/thirst.





Self-Neglect

An adult at risk with care needs who is living or acting in a way which is not conducive to their physical or mental health or general wellbeing.

Examples:

- Refuses or disengages from support, treatment or services which are regarded as essential to safeguard their health, wellbeing or safety.
- Are under duress to refuse, not engage with services, or is dependent on someone who is unwilling/unable to engage with services.
- Has poor appearance and personal hygiene e.g. dirty clothes, hair etc. Indications: Poor personal hygiene, unkempt appearance, lack of essential food, clothing or shelter, malnutrition and/or dehydration, hoarding, living in squalid or unsanitary conditions.

Physical Abuse

Indicators can include an explanation which is inconsistent with an injury, several different explanations provided for an injury, unexplained delay in seeking treatment or reluctance to give information or mention previous injuries;

- Bruising repeated or multiple bruising on the head or on sites unlikely to be injured
 accidentally; bruising around the face or variation in colour possibly indicating injuries
 caused at different times must be considered as nonaccidental unless there is
 evidence or an adequate explanation provided.
- Fractures when the history provided is vague.
- Burns & Scalds.
- Bite Marks.

Physical abuse includes hitting, slapping, pushing, kicking, misuse of medication, being locked in a room, inappropriate physical sanctions or force-feeding, inappropriate methods of restraint, and unlawfully depriving a person of their liberty.

Sexual Abuse

The involvement of an adult at risk in sexual activities and/or relationships which they have not consented to.

Including an array of offences such as:

- Indecent exposure
- Female Genital Mutilation including Breast Flattening/Ironing (please refer to dedicated section within the EKF policy for more information)
- Rape
- Sexual photography
- Sexual teasing
- Subjection to pornography or sexual acts to which the adult at risk has not consented to witnessing or feels coerced into doing so





Indications:

- Physical
 - Bleeding, pain or itching in the genital area, foreign bodies in genital or rectal openings, bruising, difficulty in walking or sitting, pregnancy in a woman who is unable to consent.
- Behavioural:
 - Self-harming, signs of depression or stress, uncharacteristic use of explicit sexual language, fear of receiving help with personal care, poor concentration

Emotional Abuse

Includes the threat or perceived threat of harm or abandonment. Can also cover the threat or perceived threat of deprivation of contact. Abusive behaviours also cover humiliation, blaming, verbal abuse and the isolation or withdrawal from supportive networks (this may include a sustained period away from the dojo for unexplained reasons). Indications: Insomnia, depression, verbal abuse, change in appetite, weight loss/gain, signs of distress, lack of trust in others, air of silence when a particular individual is present.

Domestic Abuse

Domestic violence or abuse can be characterised by any of the indicators of abuse. Examples: Any abuse category within a domestic setting inclusive of physical, sexual, financial, emotional etc.

Indicators:

- Low self-esteem
- Depression
- Physical evidence of violence such as bruising, cuts, broken bones, feeling that the abuse is their fault, isolation
- Limited access to money

Controlling behaviour is often referred to as coercive behaviour and is typified by:

- Acts of assault
- Threats
- Humiliation and intimidation
- Harming, punishing, or frightening the individual, preventing the victim from escaping abuse.

Psychological abuse

Includes the threat or perceived threat of harm or abandonment. Can also cover the threat or perceived threat of deprivation of contact. Abusive behaviours also cover humiliation, blaming, verbal abuse and the isolation or withdrawal from supportive networks (this may include a sustained period away from the dojo for unexplained reasons). Indications: Insomnia, depression, verbal abuse, change in appetite, weight loss/gain, signs of distress, lack of trust in others, air of silence when a particular individual is present.

Financial Abuse





Including theft, fraud, scamming and coercing an adult at risk to change their financial affairs to the benefit of the abuser e.g. being wrote into inheritance. This can also include the misappropriation and misuse of property and possessions. Indications: Fear of making decisions, missing personal possessions, worrying about money, lack of basic items, such as clothing, heating and food, unexplained lack of money, unnecessary property repairs.

Organisational Abuse

Includes run-down or overcrowded establishments, lack of leadership and supervision, abusive and disrespectful attitudes towards people accessing the Association services and a lack of respect for privacy and dignity e.g. failure to provide adequate changing facilities. Indications: Poor record-keeping, Weak systems and processes, Lack of robust policies/guidelines, Lack of education and awareness

Discriminatory Abuse

Including: unequal treatment based on age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex or sexual orientation, verbal or physical abuse, derogatory remarks, inappropriate use of language, deliberate exclusion related to a protected characteristic. Indicators: using racist or sexist descriptions or innuendos, the individual appears withdrawn and isolated, expressions of anger, frustration, fear or anxiety.

Other types of abuse

Cyber-bullying

This occurs online through either social media, e-mail, text messaging or another associated electronic forum. This can include bullying and harassment.

Responding to Allegations of Abuse

Remember that: It is not the responsibility of staff or volunteers to decide if abuse has taken place, but it is their responsibility to act on any concerns in accordance with this procedure.

All staff and volunteers have a responsibility to ensure the safety and welfare of adults at risk, including taking appropriate steps (including those set out in this procedure) to ensure that suspicions and allegations of abuse and poor practice are taken seriously and reported immediately and appropriately.

The Association will ensure that all staff and volunteers will fully support and protect anyone, who in good faith reports his or her concern that a colleague or another is, or may be, abusing an adult at risk.

Guidance for dealing with a disclosure

Recognising

Recognising abuse or harm is often not easy. You need to act when harm or abuse is suspected and not just when you are sure that harm has occurred. Suspects mean you do not have the proof of abuse. It does not mean you are jumping to conclusions; it simply





means that there is a safeguarding concern that must be reported and the LPO can find out more information.

Responding

It is good practice to involve the adult at risk and consider their views on what they wish to happen next. If concerns need to be escalated, then you should make every effort to inform the adult as such. Due regard must be given to the adults ongoing needs and wishes but this does not resolve the legal duty to escalate to the most appropriate authority where necessary.

When someone has concerns, or a disclosure of abuse or neglect is made then it is imperative that these concerns are written down as soon as possible as to capture as much detail as possible. Try and be specific in capturing dates and times and use the adult's own words where practical. Once this has been done an incident form should be submitted to LPO, who may then escalate it to the EKF Safeguarding Team.

Refer/Report

Your concern needs to be appropriately shared with either the Safeguarding Team or to Statutory Services, verbally and later in writing using the referral form.

Record

Using our <u>Adults at Risk Disclosure/Concern form</u> will ensure that you capture the necessary information. This must be completed on the day of the incident or certainly within 24 hours.

This document needs to be legible, clearly dated and signed and include detailed description of the incident; what exactly happened, when and where, how and who was involved, names of witnesses, and exactly what was said. It is crucial that when writing up you stick to the facts, using the individual's own words. Where possible always record the child or adult at risk's wishes.

Guidance for Dealing with Disclosures

- React calmly so as not to frighten the victim
- Acknowledge that what the adult at risk is doing is difficult but that they are doing the right thing by confiding in you
- Reassure the victim that they are not to blame
- Make sure that, from the outset, you can understand what the adult at risk is saying.
- Be honest straight away and tell the victim you cannot make promises that you will not be able to keep.
- Do not promise that you keep the conversation secret. Explain that you will need to involve other people and that you will need to write things down.
- Listen to and believe the adult at risk; take them seriously.
- Do not allow your shock or distaste to show. •
- Keep any questions to a minimum but do clarify any facts or words that you do not understand do not speculate or make assumptions.

Self- Referral





The Association acknowledges that on occasions when staff and volunteers who identify their own poor practice or practice which could be questioned as to their integrity; they have a duty to self-refer themselves to their lead instructor or the LPO.

By doing so they support the Association's objectives set out in this policy. For positive engagement with vulnerable groups, professional boundaries must always be maintained, to ensure these professional standards are upheld, it is important that staff and volunteers self-refer when vulnerable groups are forming an over familiar attachment with them, as discussed in Working Practice with the EKF.

Confidentiality and Information Sharing

Staff and volunteers should ensure that confidentiality protocols are followed, and information is shared appropriately. All staff and volunteers must understand that they have a professional responsibility to share information with other agencies to safeguard adults at risk. All staff and volunteers must be clear with adults at risk that they cannot promise to keep secrets.

Case Management of Safeguarding Concerns

In accordance with the Association, the safeguarding of vulnerable groups and safe recruitment, the LPO will act as the lead official in any investigation of an allegation of abuse of an adult at risk. The LPO in their absence will pass this responsibility to LCPO.

Concerns about poor practice

- Any suspicions or concerns relating to poor practice must be reported immediately to the LPO or the designated person.
- Information gathering will be completed by the LPO who will consult with the LCPO and Association Lead.
- Both the LCPO and LPO must be made aware of the outcome including the case management documentation which will be then stored in a secure location with access for Safeguarding Leads only.
- Discipline procedures may be initiated by the club if required.
- The Association's policy and procedures state that clubs need to send information to the Safeguarding Team or their local authority where repeated poor practice incidents occur.
 - o For the avoidance of doubt, action needs to be taken where there are three incidents of poor practice by the same individual.
 - This is whether these repeat incidents are for the same type of poor practice or for different forms of poor practice.
- This is to ensure the Association can support and prevent any oversights and to further ensure thresholds for poor practice cases are being managed locally.

Concerns about alleged abuse

- Any suspicion or concern that an adult at risk has been abused or is at risk of abuse must be reported immediately to the LPO.
- Staff and volunteers must not carry out their own investigations.





- The LPO will assess the information disclosed and take appropriate action.
- The LPO will, together with other senior staff where appropriate, assess whether the suspicions or concerns should be referred to the Local Authority and/or the police.
- Throughout the process clear records of decision making will be documented.
- The parents or carers of the alleged victim and/or perpetrator will be contacted as soon as possible and if applicable, following advice from statutory agencies.
- If the LPO is the subject of an allegation, the report must be made to the LCPO or Senior instructor.
- It is expected that any suspicion or concern arising outside the immediate sporting environment is reported immediately to the LPO.

Management of allegations

Where there is a safeguarding complaint against a member of staff or volunteer, three types of investigation can be opened:

- A criminal investigation led by the Police.
- An investigation led in a multi-agency approach by the Local Authority.
- A disciplinary or misconduct investigation led by the Association which may also involve the EKF.

It is important to highlight that the results of the Police investigation may well influence the disciplinary investigation.

Following the outcome of a case, the LPO in consultation with other senior association members will support the club to assess all individual cases to decide whether a member of staff or volunteer can be reinstated and how this can be sensitively handled.

This action will be dependent on the outcome of any criminal investigation and due consideration will be taken with any decision made; particularly where there is insufficient evidence to uphold any criminal action by the Police. In such cases, the Association will reach a decision based upon all the available information which could suggest that on a balance of probability; it is more likely than not that the allegation is true. The welfare of the child or the adult at risk should remain of paramount importance throughout the decision-making process.

GDPR

The Safeguarding Team will, as part of their responsibilities, collect personal data and therefore data protection rules will apply. The Safeguarding Team therefore has a requirement to process, store and share data in accordance with DPA/GDPR. The Association and Safeguarding Team are mandated by law to share information with relevant authorities when a child or adult at risk is in danger of being abused or is currently being abused. The sharing of information under these circumstances is permitted under the UK Data Protection Act and General Data Protection Regulations 2018, our GDPR notice can be accessed via this link.





The Safeguarding Team and Links

Lead Protection Officer

Linda Bonavoglia

linda@cmakarate.co.uk

07951645474

Lead Child Protection Officer

Megan Ambrose

megan@cmakarate.co.uk

07415262848