**British Mountaineering Council**



**Safeguarding Adults at Risk Policy & Procedures**

**Important**

**Preface**

In an activity, environment or a sport, such as ours’ the majority of adults are healthy, autonomous individuals who are managing their own safety without issue, and sometimes that of those who they may be coaching, guiding or instructing.

Many people may be concerned that they are involved with this organisation to take part in climbing, walking and mountaineering, not to act as social workers, police or carers. This policy expects none of these things. It simply expects that if, or when, you become aware that an adult may be at risk you don’t decide to do or say nothing because you feel it’ not your place to interfere.

What is expected is that if you do become aware of a situation, youshould offer support and, if the adult accepts that offer, then follow the policy outlined below. The exception to this of course is when a crime is being committed or the person is in immediate danger, in which case you should call 999.

**So, if you do have concerns about a person…**

If you do become aware that abuse or poor practice is taking place, or you suspect abuse or poor practice may be occurring, or you are told about something that may be abuse or poor practice of an adult at risk\* – either within a BMC event, activity or club; or that relates to the behaviour of BMC staff, coaches or volunteers – please follow the procedures outlined in this document and also contact the BMC’s Lead Safeguarding Officer, Nick Colton: [safeguarding@thebmc.co.uk](mailto:safeguarding@thebmc.co.uk). If the Lead Safeguarding Officer is implicated, or if you receive an ‘out of office’ reply, then report to the BMC CEO, Dave Turnbull: [dave@thebmc.co.uk](mailto:dave@thebmc.co.uk).

If you do have concerns about an adult who is at risk or is vulnerable, there are a number of things you can do immediately. These are listed below:

* + - 1. Firstly, if possible, try speaking to the person you have concerns about and ask them whether they are they happy with what is happening to them or not.
      2. If they need further support consult Adult Social Care in the area in which they live (a quick internet search will give you this information).
      3. If it is an emergency contact the police. Phone 999 if the person is in immediate danger.
      4. Section 7 of this policy has more guidance if you have concerns about someone.

\*The adult at risk does not have to be a BMC member.

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##### Introduction

###### BMC is committed to creating and maintaining a safe and positive environment and accepts its responsibility to safeguard the welfare of adults involved in Climbing, Hill Walking and Mountaineering in accordance with the Care Act 2014. The Care Act is mainly about people who are over 18 in need of care and support, usually from their Local Authority. [Click here for an overview of the Care Act](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/365345/Making_Sure_the_Care_Act_Works_EASY_READ.pdf)

BMC Safeguarding Adults at Risk Policy & Procedures apply to all individuals involved in

British Mountaineering Council activities.

BMC will encourage and support partner organisations including clubs, counties, suppliers, and sponsors to adopt and demonstrate their commitment to the principles and practice of equality as set out in this document.

1. **Principles**

The guidance in this document is based on the following principles:

* 1. The six safeguarding principles enshrined within the Care Act 2014:

Principle 1: **Empowerment**

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

Example*: “I am asked what I want as the outcomes from the safeguarding process and these directly inform what happens.”*

Principle 2: **Prevention**

It is better to take action before harm occurs.

Example*: “I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help.”*

Principle 3: **Proportionality**

The least intrusive response appropriate to the risk presented.

Example: *“I am sure that professionals will work in my interest, as I see them, and they will only get involved as much as needed.”*

Principle 4: **Protection**

Support and representation for those in the greatest need.

Example: *“I get help and support to report abuse and neglect. I get help so that I am able to take part in the safeguarding process to the extent to which I want.”*

Principle 5: **Partnership**

Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.

Example: *“I know that staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together and with me to get the best result for me.”*

Principle 6: **Accountability**

Accountability and transparency in delivering safeguarding.

Example: *“I understand the role of everyone involved in my life and so do they.”*

* 1. All adults regardless of age, ability or disability, gender, race, religion, ethnic origin, sexual orientation, marital or gender status have the right to be protected from abuse and poor practice and to participate in an enjoyable and safe environment.
  2. The BMC will seek to ensure that our sport is inclusive and make reasonable adjustments for any ability, disability or impairment, we will also commit to continuous development, monitoring and review.
  3. The rights, dignity and worth of all adults will always be respected.
  4. We recognise that ability and disability can change over time, such that some adults may be additionally vulnerable to abuse, for example those who have a dependency on others or have different communication needs.
  5. We recognise that a disabled adult may or may not identify themselves or be identified as an adult ‘at risk’.
  6. We all have a shared responsibility to ensure the safety and well-being of all adults and will act appropriately and report concerns whether these concerns arise within BMC for example inappropriate behaviour of a coach, or in the wider community.
  7. All allegations will be taken seriously and responded to quickly in line with BMC Safeguarding Adults At Risk Policy & Procedures.
  8. The BMC recognises the role and responsibilities of the statutory agencies in safeguarding adults and is committed to complying with the procedures of the Local Safeguarding Adults Boards.

1. **Guidance and Legislation**

The practices and procedures within this policy are based on the principles contained within UK legislation and government guidance and have been developed to complement the Safeguarding Adults Board’s policy and procedures, and take the following into consideration:

* Care Act 2014;
* Protection of Freedoms Act 2012;
* Domestic Violence, Crime and Victims (Amendment) Act 2012;
* Equality Act 2010;
* Safeguarding Vulnerable Groups Act 2006;
* Mental Capacity Act 2005;
* Sexual Offences Act 2003;
* Human Rights Act 1998;
* Data Protection Act 2018 and the [General Data Protection Regulation](https://en.wikipedia.org/wiki/General_Data_Protection_Regulation) (GDPR)

The above Acts can be found on [www.legislation.gov.uk](http://www.legislation.gov.uk)

1. **Definitions**

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

1. **Adult at Risk\*:** is any adult, who has a need for care or support, long or short term (whether or not any of those needs are being met by authorities), and is experiencing, or is at risk of, abuse or neglect, and as a result of those care or support needs is unable to protect themselves from either the risk of, or the experience of, abuse or neglect.

\*The Care Act 2014 makes it clear that abuse of adults links to circumstances rather than the characteristics of the people experiencing the harm. Labelling groups of people as inherently ‘vulnerable’ is seen to be disempowering.

1. **Abuse:** is a violation of an individual’s human and civil rights by another person or persons. See section 5 for further explanations.
2. **Adult:** is anyone aged 18 or over.
3. **Adult safeguarding:** is protecting a person’s right to live in safety, free from abuse and neglect.
4. **Capacity**: refers to the ability to make a decision at a particular time, for example when under considerable stress. The starting assumption must always be that a person has the capacity to make a decision unless it can be established that they lack capacity (MCA 2005).
5. **Types of abuse and neglect**

This is not intended to be an exhaustive list but an illustrative guide as to the sort of behaviour or issue which could give rise to a safeguarding concern. The following definitions are taken from the Care Act 2014.

1. **Self-neglect:** covers a wide range of behaviour: neglecting to care for one’s personal hygiene, health or surroundings, and includes behaviour such as hoarding. In the BMC this could be an adult whose appearance becomes unkempt, does not wear suitable kit, shows deterioration in hygiene or doesn't care about themselves.
2. **Modern slavery:** encompasses slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment.
3. **Domestic abuse:** includes psychological, physical, sexual, financial and emotional abuse. It also includes so called 'honour' based violence. Sport participants may notice a power imbalance between a participant and a family member. For example, a participant may be looking quiet and withdrawn when one person comes to collect them from sessions, in contrast to another person whom they greet with a smile.
4. **Discriminatory:** discrimination is abuse which centres on a difference or perceived difference particularly with respect to race, gender or disability or any of the protected characteristics of the Equality Act. This could be the harassing of a club member because they are or are perceived to be different in some way.
5. **Organisational abuse:** includes neglect and poor care practice within an institution or setting such as a club for people with learning disabilities or a military training institution, for example, or in relation to groups from a college or training organisation. This may range from one-off incidents to ongoing ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation. In BMC activities, this could be training without a necessary break or poor treatment of participants by staff.
6. **Physical abuse:** includes, for example, hitting, pushing, slapping or punching an individual, and the inappropriate use of medication, restraint or inappropriate sanctions.
7. **Sexual abuse:** includes rape, sexual assault or harassment, indecent exposure, sexual grooming or coercion, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting, e.g. a mentor who puts pressure on a person to be more "friendly" than they are comfortable with, in order to maintain a good training relationship.
8. **Financial or material abuse:** includes theft, fraud, internet scamming, coercion in relation to an adult’s financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits. This could be someone taking equipment from an athlete or asking them to pay for things for others.
9. **Neglect:** includes ignoring medical or physical care needs, failure to provide access to appropriate health social care or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating.
10. **Emotional or Psychological abuse:** includes threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks.

Not included in the Care Act 2014 but also relevant:

1. **Cyber bullying:** occurs when someone repeatedly makes fun of another person online or repeatedly picks on another person through emails or text messages, or uses online forums with the intention of harming, damaging, humiliating or isolating another person. It can be used to carry out many different types of bullying (such as racist bullying, homophobic bullying, or bullying related to special educational needs and disabilities) but instead of the perpetrator carrying out the bullying face-to-face, they use technology as a means to do it.
2. **Forced marriage:** is a term used to describe a marriage in which one or both of the parties are married without their consent or against their will. A forced marriage differs from an arranged marriage, in which both parties consent to the assistance of a third party in identifying a spouse. The Anti-social Behaviour, Crime and Policing Act 2014 makes it a criminal offence to force someone to marry.
3. **Mate crime:** as defined by the Safety Net Project is ‘when vulnerable people are befriended by members of the community who go on to exploit and take advantage of them. It may not be an illegal act but still has a negative effect on the individual.’ Mate Crime is carried out by someone the adult knows and often happens in private. In recent years there have been a number of Serious Case Reviews relating to people with a learning disability who were murdered or seriously harmed by people who purported to be their friend.
4. **Radicalisation;** the aim of radicalisation is to attract people to their reasoning, inspire new recruits and embed their extreme views and persuade individuals of the legitimacy of their cause. This may be direct through a relationship, or through social media.
5. **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 a person comes into contact with; other club members, workers, volunteers or coaches may suspect that a person is being abused or neglected outside of the club setting. There are many signs and indicators that may suggest someone is being abused or neglected, these include but are not limited to:

1. Unexplained bruises or injuries – or lack of medical attention when an injury is present.
2. Person has belongings or money going missing.
3. Person is not attending / no longer enjoying their sessions.
4. Someone losing or gaining weight / an unkempt appearance.
5. A change in the behaviour or confidence of a person.
6. They may self-harm.
7. They may have a fear of a particular group or individual.
8. They may tell you / another person they are being abused – i.e. a disclosure.
9. **What to do if you have a concern or someone raises concerns with you**
   1. You may become aware that abuse or poor practice is taking place, or you suspect abuse or poor practice may be occurring, or you may be told about something that may be abuse or poor practice – either within a BMC event, activity or club; or that relates to the behaviour of BMC staff, coaches or volunteers – please follow the procedures outlined in this document and also contact the BMC’s Lead Safeguarding Officer, Nick Colton: [safeguarding@thebmc.co.uk](mailto:safeguarding@thebmc.co.uk). If the Lead Safeguarding Officer is implicated, or if you receive an ‘out of office’ reply, then report to the BMC CEO, Dave Turnbull: [dave@thebmc.co.uk](mailto:dave@thebmc.co.uk) .
   2. If you are at an international event and have concerns then speak to the coach or team official.
   3. If the person needs further support consult Adult Social Care in the area in which they live (a quick internet search will give you this information). See also: [Local Government Association – Safeguarding Resources](http://www.local.gov.uk/topics/social-care-health-and-integration/adult-social-care/safeguarding-resources)
   4. If you are concerned someone is in immediate danger, contact the police straight away by dialling 999.
   5. It is important when considering your concern that you also consider the needs and wishes of the person at risk, taking into account the nature of the concern and disclosure – more information on this is given in Appendix 2
10. **How to record a disclosure**
    1. Make a note of what the person has said using his or her own words as soon as practicable. Complete an Incident Form (see Appendix 1) and submit to the BMC Lead Safeguarding or Club Welfare Officer.
    2. As long as it does not increase the risk to the individual, you should explain to them that it is your duty to share your concern with your Lead Safeguarding or Club Welfare Officer.
    3. Describe the circumstances in which the disclosure came about.
    4. Take care to distinguish between fact, observation, allegation and opinion. It is important that the information you have is accurate.
    5. Be mindful of the need to be confidential at all times, this information must only be shared with your Lead Safeguarding or Welfare Officer and others on a need to know basis.
    6. Remember, if the matter is urgent and relates to the immediate safety of an adult at risk then contact the police immediately.
    7. Also, remember, if the person needs further support consult Adult Social Care in the area they live (a quick internet search will give you this information).
11. **Safeguarding Adults at Risk Flowchart**

**Dealing with Concerns, Suspicions or Disclosure**

What are your concerns regarding?



Do you need to take action to ensure the immediate safety or medical welfare of the adult?

Adult safeguarding



There are concerns/suspicions about a person’s behaviour.

OR

There has been disclosure or an allegation about a person’s behaviour.





Is a Lead Safeguarding / Welfare Officer implicated?

Is a Lead Safeguarding Officer implicated?

Lead Safeguarding or

The CEO follows the organisation’s policy in conjunction with local Multi Agency Safeguarding Adults Policy and Procedures. Possible referral to Police/Adult Social Care/ Multi Agency Safeguarding Hub/ Local Safeguarding Adults Board

Inform Lead Safeguarding Officer: [safeguarding@thebmc.co.uk](mailto:safeguarding@thebmc.co.uk) Make notes and complete Incident Report Form, submit to Lead Safeguarding Officer

Possible outcomes:

* Adult Care Safeguarding Assessment
* Disciplinary Measures
* Police enquiry
* Criminal proceedings
* Case management group to decide on the management of any remaining concerns
* No further action

Investigated by Lead Safeguarding Officer / CEO with the support of the case management group Steering Group

Inform BMC CEO Dave Turnbull: [dave@thebmc.co.uk](mailto:dave@thebmc.co.uk)

Make notes and complete Incident Report Form, submit to CEO who will allocate person in the organisation to investigate.

Inform Nick Colton BMC Lead Safeguarding Officer: [safeguarding@thebmc.co.uk](mailto:safeguarding@thebmc.co.uk)

Make notes and complete Incident Report Form, submit to Lead Safeguarding Officer.

Yes

No

Yes

No

Yes

* Call ambulance
* Tell doctor there may be a safeguarding issue
* Call the police

No

Poor practice

**Remember** to involve the adult at risk throughout the process, wherever possible, and gain consent for any referrals to social care if the person has capacity (ie to make their own decisions).

**10. Roles and responsibilities of those within the BMC**

The BMC is committed to having the following in place:

1. A Lead Safeguarding Officer to produce and disseminate guidance and resources to support the policy and procedures.
2. A clear line of accountability within the organisation for work on promoting the welfare of all adults.
3. Procedures for dealing with allegations of abuse or poor practice against members of staff and volunteers.
4. A Steering Group or Case Management or Case Referral Group that effectively deals with issues, manages concerns and refers to a Disciplinary Panel where necessary (i.e. where concerns arise about the behaviour of someone within the BMC).
5. A Disciplinary Panel will be formed as required for a given incident, if appropriate and should a threshold be met.
6. Arrangements are in place to work effectively with other organisations to safeguard and promote the welfare of adults, including arrangements for sharing information.
7. Appropriate whistle blowing procedures and an open and inclusive culture that enables safeguarding and equality and diversity issues to be addressed.
8. **Good practice, poor practice**

It can be difficult to distinguish poor practice from abuse, whether intentional or accidental.

It is not the responsibility of any individual involved in the BMC to make judgments regarding whether or not abuse is taking place, however, all personnel have the responsibility to recognise and identify poor practice and potential abuse, and act on this if they have concerns.

1. **Good practice**

The BMC expects that all coaches / instructors / staff / volunteers:

* Adopt and endorse the BMC Coaches Codes of Conduct.
* Have completed a course in basic awareness in working with adults at risk.

Everyone should:

* Aim to make the experience of BMC activities fun and enjoyable.
* Promote fairness and playing by the rules.
* Not tolerate the use of prohibited or illegal substances.
* Treat all adults equally and preserve their dignity; this includes giving more and less talented members of a group similar attention, time and respect.

Coaches and those working directly with adults should:

* Respect the developmental stage of each athlete and not risk sacrificing their welfare in a desire for team or personal achievement.
* Ensure that the training intensity is appropriate to the physical, social and emotional stage of the development of the athlete.
* Work with adults at risk, medical adviser and their carers (where appropriate) to develop realistic training and competition schedules which are suited to the needs and lifestyle of the athlete, not the ambitions of others such as coaches, team members, parents or carers.
* Build relationships based on mutual trust and respect, encouraging adults at risk to take responsibility for their own development and decision- making.
* Always be publicly open when working with adults at risk; avoid coaching sessions or meetings where a coach and an individual athlete are completely unobserved.
* Avoid unnecessary physical contact with people. Physical contact (touching) can be appropriate so long as:
  + It is neither intrusive nor disturbing.
  + The athlete’s permission has been openly given.
  + It is delivered in an open environment.
  + It is needed to demonstrate during a coaching session.
* Maintain a safe and appropriate relationship with athletes and avoid forming intimate relationships with athletes you are working with as this may threaten the position of trust and respect present between athlete and coach.
* Be an excellent role model by maintaining appropriate standards of behaviour.
* Gain the adult at risk consent and, where appropriate, the consent of relevant carers, in writing, to administer emergency first aid or other medical treatment if the need arises.
* Be aware of medical conditions, disabilities, existing injuries and medicines being taken and keep written records of any injury or accident that occurs, together with details of treatments provided.
* Arrange that someone with current knowledge of emergency first aid is available at all times.
* Gain written consent from the correct people and fill out relevant checklists and information forms for travel arrangements and trips. This must be the adult themselves if they have capacity to do so.

1. **Poor practice**

The following are regarded as poor practice and should be avoided:

* Unnecessarily spending excessive amounts of time alone with an individual adult.
* Engaging in rough, physical or sexually provocative games, including horseplay.
* Allowing or engaging in inappropriate touching of any form.
* Using language that might be regarded as inappropriate by the adult and which may be hurtful or disrespectful.
* Making sexually suggestive comments, even in jest.
* Reducing an adult to tears as a form of control.
* Letting allegations made by an adult go un-investigated, unrecorded, or not acted upon.
* Taking an adult at risk alone in a car on journeys, however short.
* Inviting or taking an adult at risk to your home or office where they will be alone with you.
* Sharing a room with an adult at risk.
* Doing things of a personal nature that adults at risk can do for themselves.

***Note****: At times it may be acceptable to do some of the above. In these cases, to protect both the adult at risk and yourself, seek written consent from the adult at risk and, where appropriate, their carers and ensure that the Lead Safeguarding/Welfare Officer of your organisation is aware of the situation and gives their approval.*

###### If, during your care, an adult at risk suffers any injury, seems distressed in any manner, appears to be sexually aroused by your actions, or misunderstands/misinterprets something you have done, report these incidents as soon as possible to another adult in the organisation and make a brief written note of it.

###### **Relevant policies**

###### This policy document should be read in conjunction with the following policies:

* Whistle Blowing;
* Social Media;
* Complaints;
* Disciplinary.

###### **Further information**

Policies, procedures and supporting information are available on the BMC website: [www.thebmc.co.uk](http://www.thebmc.co.uk)

**Lead Safeguarding Officer:** Nick Colton, [safeguarding@thebmc.co.uk](mailto:safeguarding@thebmc.co.uk)

**Review date:** August 2022

This policy will be reviewed every two years or sooner in the event of legislative changes or revised policies and best practice.

**Appendix 1**

**Incident Report Form**

**BRITISH MOUNTAINEERING COUNCIL**

177-179 Burton Road Tel: 0161 445 6111

Manchester M20 2BB Fax: 0161 445 4500

|  |
| --- |
| **BMC ADULT SAFEGUARDING: INCIDENT FORM** |

For detailed questions, use a separate sheet if necessary

|  |  |
| --- | --- |
| **INCIDENT DETAILS** | |
| Details where incident took place |  |
| Date of incident |  |
| Person in charge |  |
| **YOUR DETAILS** | |
| Name |  |
| Your position |  |
| Phone |  |
| **ADULT’S DETAILS** | |
| Name |  |
| Address (inc. post code) |  |
| Phone |  |
| Date of Birth |  |
| **RELATIVE/ CARER/GUARDIAN DETAILS** | |
| Name(s) |  |
| Address (inc. post code) |  |
| Phone (if different to above) |  |
| **WITNESS DETAILS** | |
| Name (1) |  |
| Address (inc. post code) |  |
| Phone |  |
| Name (2) |  |
| Address (inc. post code) |  |
| Phone |  |

|  |  |  |
| --- | --- | --- |
| **INCIDENT DETAILS** | | |
| Date and time of incident |  | |
| Your observations, i.e. what is the nature of the concern (including dates, times and any special factors or other relevant information). Make clear distinction between what is fact, opinion or hearsay. Describe anything visible, e.g. bruising or other injuries, behavioural signs or indirect signs. Use additional sheets. | | |
|  | | |
| The adult at risk’s account, if it can be given, of what has happened and how any bruising or other injuries occurred (remember, do not lead the person – record actual details). Use additional sheets if necessary. | | |
|  | | |
| Actions taken so far (including whether anyone else has been contacted and if so who?) | | |
|  | | |
| Has anyone been alleged to be involved? | | Yes  No |
| If yes give name: | |  |
| **OTHER PROFESSIONALS CONTACTED** | | |
| Have any external agencies been contacted (i.e. Police, Social Services, Adult Social Care, BMC, etc). If yes, please provide details below. | | Yes  No |
| **Police?** | | Yes  No |
| If yes, which? |  | |
| Name and contact number |  | |
| Details of advice received |  | |
| **Social Services / Adult Social Care?** | | Yes  No |
| If yes, which? |  | |
| Name and contact number |  | |
| Details of advice received |  | |
| **BMC?** | | Yes  No |
| Name |  | |
| Details of advice received |  | |
| **Other?** | | Yes  No |
| If yes, which? |  | |
| Name and contact number |  | |
| Details of advice received |  | |

Further information:

|  |  |
| --- | --- |
| **YOUR SIGNATURE** | |
| Signed |  |
| Print name |  |
| Date |  |

**REMEMBER to maintain confidentiality on a *need to know* basis – only if it will protect the adult at risk. Do not discuss this incident with anyone other than those who need to know.**

**A copy of this form should be sent to** [**safeguarding@thebmc.co.uk**](mailto:safeguarding@thebmc.co.uk)

**Appendix 2  
Legislation and Government Initiatives**

[**Sexual Offences Act 2003**](http://www.legislation.gov.uk/ukpga/2003/42/contents)  
The Sexual Offences Act introduced a number of new offences concerning vulnerable adults and children.

[**Mental Capacity Act 2005**](http://www.legislation.gov.uk/ukpga/2005/9/introduction)  
Its general principle is that everybody has capacity unless it is proved otherwise, that they should be supported to make their own decisions, that anything done for or on behalf of people without capacity must be in their best interests and there should be least restrictive intervention.

[**Safeguarding Vulnerable Groups Act 2006**](http://www.legislation.gov.uk/ukpga/2006/47/contents)  
Introduced the new Vetting and Barring Scheme and the role of the Independent Safeguarding Authority. The Act places a statutory duty on all those working with vulnerable groups to register and undergo an advanced vetting process with criminal sanctions for non- compliance.

[**Deprivation of Liberty Safeguards**](http://www.gov.uk/government/collections/dh-mental-capacity-act-2005-deprivation-of-liberty-safeguards)   
Introduced into the Mental Capacity Act 2005 and came into force in April 2009. Designed to provide appropriate safeguards for vulnerable people who have a mental disorder and lack the capacity to consent to the arrangements made for their care or treatment, and who may be deprived of their liberty in their best interests in order to protect them from harm.

[**Disclosure & Barring Service 2013**](http://www.gov.uk/government/organisations/disclosure-and-barring-service/about)  
Criminal record checks: guidance for employers - How employers or organisations can request criminal records checks on potential employees from the Disclosure and Barring Service (DBS).   
DBS Update Service - [www.gov.uk/dbs-update-service](http://www.gov.uk/dbs-update-service)

[**The Care Act 2014 – statutory guidance**](http://www.legislation.gov.uk/ukpga/2014/23/introduction/enacted)  
The Care Act introduces new responsibilities for local authorities. It also has major implications for adult care and support providers, people who use services, carers and advocates. It replaces ‘No Secrets’ and puts adult safeguarding on a statutory footing.

[**Making Safeguarding Personal Guide 2014**](http://www.local.gov.uk/sites/default/files/documents/Making%20Safeguarding%20Personal%20-%20Guide%202014.pdf)   
This guide is intended to support councils and their partners to develop outcomes-focused, person-centred safeguarding practice.

**Appendix 3  
Useful Contacts**

**Citizens Advice** is a national network of advice centres offering free, confidential, independent advice, face to face or by telephone.

website: [www.citizensadvice.org.uk](https://www.citizensadvice.org.uk/)  
Phone adviceline: [03444 111 444](tel:03444111444)  
  
[Local Government Association – Safeguarding Resources](http://www.local.gov.uk/topics/social-care-health-and-integration/adult-social-care/safeguarding-resources)

To contact **Adult Social Care** in the area in which a person lives do an internet search using the words “Adult Social Care in XXXXXX” and include the names of the local authority where the XXXs are.  
  
**Police:** in an emergencydial 999  
When it’s not an emergency dial 101  
  
The **Anne Craft Trust** is a national charity which exists to minimise the risk of abuse of adults at risk and disabled children.   
Phone 0115 951 5400

Email: ann-craft-trust@nottingham.ac.uk  
  
AGE UK factsheet: [Safeguarding older people from abuse and neglect](https://www.ageuk.org.uk/globalassets/age-uk/documents/factsheets/fs78_safeguarding_older_people_from_abuse_fcs.pdf)