Cerebral Palsy Sport

Adults at Risk

Safeguarding Policy

2019
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Foreword

Cerebral Palsy Sport has the responsibility for creating a safe, fun and inclusive environment for everyone to participate in Cerebral Palsy Sport events. I am therefore delighted to present our Safeguarding Adults at Risk Policy.

As a national disability sports organisation, Cerebral Palsy Sport has a moral and legal obligation to ensure that the highest possible standard of care is provided for everyone involved in the sport. Therefore, through the development, communication and implementation of the policy we aim to maintain and increase the professionalism and safeguards of good practice that have been set as standard throughout our sporting landscape.

In accordance with national legislation and guidance, we have created a policy that promotes welfare, inclusion, equal opportunities and safeguarding regardless of whether you are a participant, coach, volunteer or spectator. In addition, we have actively highlighted throughout the policy, that it is the responsibility of everyone within Cerebral Palsy Sport to highlight areas of abuse and/or poor practice and to act in response to any concerns.

This policy has been developed by drawing on recognised good practice in safeguarding in sport. Reference has been made to relevant legislation, key guidance and government policy.

By developing policies and procedures such as this policy, Cerebral Palsy Sport is demonstrating its commitment to establishing an environment where all participants in our sport can be supported to achieve these outcomes.

Peter Savage – Interim Chair
1. Purpose:

a. Cerebral Palsy Sport believes that sound policies in the following areas will significantly safeguard all adults that access the services of the charity and to promote the best interests of its employees, service users, members, volunteers and voluntary officers.

b. The policy aims to:
   i. ensure good practise
   ii. Allow all team members and volunteers to make informed and confident responses to specific safeguarding issues.
   iii. Adhere to the statement and procedures.
   iv. To ensure that all staff/team members are appropriately trained.
   v. Ensure that there are clearly defined protocols and procedures for safe-guarding and reporting.
   vi. The welfare of the adults at risk is paramount;
   vii. To recognise that the Care Act 2014 and the Mental Capacity Act (MCA) 2005 seeks to protect the welfare of adults at risk.
   viii. To recognise the role of the Safeguarding Group Act 2006

c. Cerebral Palsy Sport is committed to creating and maintaining a safe and positive environment and accepts our responsibility to safeguard the welfare of all adults involved in disability sport in accordance with the Mental Capacity Act (MCA) 2005 and the Care Act 2014.

d. Cerebral Palsy Sport’s Safeguarding Adults at Risk policies and procedures apply to all adults involved in the events and activities of Cerebral Palsy Sport.

e. Cerebral Palsy Sport 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 safeguarding adults at risk policies and procedures.

2. Safeguarding Statement & Aims
   
   a. Introduction
   
      i. We all have a responsibility to safeguard adults who are experiencing, or are at risk of, abuse and neglect. Cerebral Palsy Sport acknowledges the duty of care to safeguard and promote the welfare of adults at risk. The organisation is committed to ensuring safeguarding practice reflects statutory responsibilities, government guidance and complies with best practice and the Disclosure and Barring Service requirements.

      ii. The policy recognises that the welfare and interests of adults are paramount in all circumstances and also recognises that these needs and interests are inherently different for adults. It aims to ensure that regardless of age, gender, religion or beliefs, ethnicity, disability, sexual orientation or socio-economic background, all adults at risk:

         1. have a positive and enjoyable experience of sport at Cerebral Palsy Sport in a safe and person-centered environment
         2. are protected from abuse whilst participating in Cerebral Palsy Sport activities.

   b. Aims of the Policy

      i. The aim of Cerebral Palsy Sport Safeguarding Policy is to:

         1. Ensure good practise
         2. Allow all staff and volunteers to make informed and confident responses to specific safeguarding issues.
         3. Adhere to the statement and procedures
         4. To ensure that all staff/team members are appropriately trained.
         5. Ensure that there are clearly defined protocols and procedures for safe-guarding and reporting.
         6. The welfare of the adult at risk is paramount;
         7. To recognise that the Safeguarding Group Act 2006

   c. Objectives of the Policy
i. Cerebral Palsy Sport will take seriously, all suspicions and allegations of abuse and respond swiftly and appropriately and Cerebral Palsy Sport is committed to ensuring that the activities it provides are conducted safely and that the welfare of participants, team members and volunteers is foremost at all times. It has a responsibility to ensure that participants and volunteers are protected from possible abuse and the Board has therefore adopted the procedures detailed in this policy and is committed to their implementation.

ii. Cerebral Palsy Sport recognises that it is working together with adults; individuals, parents/guardians/carers and that the relevant safeguarding organisations is essential for the protection of adults at risk. All persons, regardless of age, gender, ability, disability, ethnicity, religious belief and sexual identity, have a right to take part in Cerebral Palsy Sport activities in an enjoyable and safe environment and to be protected from abuse. Adults at risk have a right to expect appropriate support in accordance with their personal and social development with regard to their involvement in sport.

iii. It is the responsibility of the adult safeguarding experts and statutory agencies to determine whether or not abuse has taken place but it is everyone’s responsibility to report any concerns.

iv. Cerebral Palsy Sport will provide guidance and resources (including signposting) and provision of training to support team members to implement the Policy. Personal information will be treated in strict confidence, within the limits of the law (principally the Data Protection Act 1998, General Data Protection Regulation (EU) 2016/679 and the Human Rights Act 2000) which requires that the Police, and/or any other statutory agencies be informed where there are concerns that an adult is at serious risk of harm or it is believed that a crime has been committed.

v. Cerebral Palsy Sport will ensure that the Policy will be appropriately communicated throughout the organisation and Cerebral Palsy Sport will ensure it keeps this policy up to date. The policy should be read in conjunction with the Codes of Conduct issued by Cerebral Palsy Sport (Appendix 1). All those involved in the planning, development,
management and delivery of Cerebral Palsy Sport activities to adults at risk have a duty to ensure that participants are:

1. Actively encouraged to participate in Cerebral Palsy Sport activities at an appropriate level for their age and ability;
2. Provided with opportunities to participate in games and training sessions as appropriate to the age and ability of the individual;
3. Not subjected to abuse and/or poor practice from any source;
4. Not subjected to bullying or undue pressure;
5. Supported to play an active role in the community, both in and out of the sport environment.

d. Commitment
   i. Cerebral Palsy Sport acknowledges that some adults, including people with a disability can be particularly vulnerable or at risk of abuse and we accept the responsibility to take reasonable and appropriate steps to ensure their welfare.
   ii. The policy and procedures will be widely promoted and are mandatory for everyone involved in Cerebral Palsy Sport and is also displayed in our policy library on our website. Failure to comply with the policy and procedures will be addressed without delay and may ultimately result in dismissal/exclusion from the organisation.

e. Policy Statement
   i. Cerebral Palsy Sport is committed to creating and maintaining a safe and positive environment for all people involved in the sport/activity. It accepts its responsibility to assist in the welfare of all people and to safeguard them from poor practice, abuse and bullying.
   ii. Cerebral Palsy Sport acknowledges the duty of care to safeguard and promote the welfare of adults at risk. The organisation is committed to ensuring safeguarding practice reflects statutory responsibilities, government guidance and complies with best practice and the Disclosure and Barring Service requirements.
iii. The policy recognises that the welfare and interests of adults are paramount in all circumstances and also recognises that these needs and interests are inherently different for adults. It aims to ensure that regardless of age, gender, religion or beliefs, ethnicity, disability, sexual orientation or socio-economic background, all adults at risk.

iv. Cerebral Palsy Sport acknowledges that some adults, including people with a disability can be particularly vulnerable or at risk of abuse and we accept the responsibility to take reasonable and appropriate steps to ensure their welfare.

v. As part of our safeguarding policy Cerebral Palsy Sport will:

1. Promote and prioritise the safety and wellbeing of adults
2. Ensure everyone understands their roles and responsibilities in respect of safeguarding and is provided with appropriate learning opportunities to recognise, identify and respond to signs of abuse, neglect and other safeguarding concerns relating to adults at risk.
3. Ensure appropriate action is taken in the event of incidents/concerns of abuse and support provided to the individual/s who raise or disclose the concern
4. Ensure that confidential, detailed and accurate records of all safeguarding concerns are maintained and securely stored.
5. That all people will have a positive and enjoyable experience of sport at Cerebral Palsy Sport in a safe and person centered environment and are protected from abuse whilst participating in Cerebral Palsy Sport activities.
6. Prevent the employment/deployment of unsuitable individuals
7. Ensure robust safeguarding arrangements and procedures are in operation.
8. All individuals within the organisation including participants and members, volunteers and coaches as well as support staff – have a role and responsibility to help ensure the safety and welfare of adults.

vi. This organisation accepts that we are required to fulfil our duty of care, which means that we must do everything that can be
reasonably expected of us to help safeguard and protect people from harm, and to act when we suspect that someone is being harmed, or is at risk of harm.

vii. This policy and procedures outlines what adult safeguarding is and what to do if you have a concern. The safeguarding children and young people policy, for those under the age of 18, is covered in a separate policy document.

viii. This policy defines the principles and methods to be followed to ensure that all reasonable practical steps are taken to safeguard adult at risk with a disability and to help adults at risk protect themselves from harm, discrimination or degrading treatment. Cerebral Palsy Sport is involved in providing services for a wide range of people. Some of these people may likely be ‘adults at risk’. This policy is based on the National Guidance on Implementing Multi-Agency Policies and Procedures to Protect Vulnerable Adults from Abuse (Department of Health, 2000), the Mental Capacity Act (MCA) 2005 and the Care Act 2014.

ix. The charity has obligations to strive to protect vulnerable adults who it may believe to be abused or at risk of abuse or neglect. The policy and procedures have been developed to assist staff and volunteers in acting on reported or suspected abuse.

x. Depending upon the nature of particular services or the requirements of particular funders or partner agencies, the policy and procedures may be supplemented by local procedures.

f. Principles

i. The guidance given in the policy and procedures is based on the following six principles of adult safeguarding. The Care Act sets out the following principles that should underpin safeguarding of adults:

1. **Empowerment** – People being supported and encouraged to make their own decisions and informed consent. “I am asked what I want as the outcomes from the safeguarding process and these directly inform what happens.”
2. **Prevention** – It is better to take action before harm occurs. “I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help.”

3. **Proportionality** – The least intrusive response appropriate to the risk presented. “I am sure that the professionals will work in my interest, as I see them and they will only get involved as much as needed.”

4. **Protection** – Support and representation for those in greatest need. “I get help and support to report abuse and neglect. I get help so that I am able to take part in the safeguarding process to the extent to which I want.”

5. **Partnership** – Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse. “I know that staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together and with me to get the best result for me.”

6. **Accountability** – Accountability and transparency in delivering safeguarding. “I understand the role of everyone involved in my life and so do they.”

ii. 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.

iii. Cerebral Palsy Sport 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.

iv. The rights, dignity and worth of all adults will always be respected.

v. 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.
vi. We recognise that a disabled adult may or may not identify themselves or be identified as an adult ‘at risk’.

vii. 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 Cerebral Palsy Sport for example inappropriate behaviour of a coach, or in the wider community.

viii. All allegations will be taken seriously and responded to quickly in line with Cerebral Palsy Sport) Safeguarding Adults Policy and Procedures.

ix. Cerebral Palsy Sport 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.

g. Guidance and Legislation

i. The practices and procedures within this policy are based on the principles contained within the UK and legislation and Government Guidance and have been developed to complement the Safeguarding Adults Boards policy and procedures, and take the following into consideration:

1. The Care Act 2014
2. The Protection of Freedoms Act 2012
4. The Equality Act 2010
5. The Safeguarding Vulnerable Groups Act 2006
6. Mental Capacity Act 2005
7. Sexual Offences Act 2003
8. The Human Rights Act 1998

h. Communication

i. The policy and procedures will be widely promoted and are mandatory for everyone involved in Cerebral Palsy Sport and is also displayed in our policy library on our website. Failure to comply with the policy and procedures will be addressed without delay and may ultimately result in dismissal/exclusion from the organisation.

i. Monitoring
i. The policy will be reviewed annually or in the following circumstances:
   1. changes in legislation and/or government guidance
   2. As required by the Local Safeguarding Adults Board, UK Sport and/or Home Country Sports Councils and the Disclosure and Barring Service.
   3. As a result of any other significant change or event.

3. Cerebral Palsy Sport Responsibilities
   a. Cerebral Palsy Sport Board Responsibilities
      1. Cerebral Palsy Sport is committed to seeking the views of its members regardless of age or ability and where appropriate incorporating these views into how the organisation is run. The organisation has oversight of safeguarding matters within the remit of the Governance, Compliance and Human Resources Sub Committee. Cerebral Palsy Sport will undertake that all amendments and changes to the policy will be approved by Cerebral Palsy Sport’s Governance, Compliance and Human Resources Sub Committee. All Board members will receive appropriate safeguarding training. The Safeguarding Board lead Trustee is Safia Iman.
   b. Chief Executive responsibilities
      i. It is the responsibility of the Chief Executive to:
         1. Safeguard and promote the interests and wellbeing of everyone involved in the delivery of Cerebral Palsy Sport’s operations, (athletes, participants, coaches, volunteers and spectators of the sport).
         2. Respect and promote the rights and welfare of the all involved in Cerebral Palsy Sport.
         4. Recruit, train and supervise its employees and volunteers so as to promote best practice to safeguard and protect young people and adults at risk from abuse.
5. Ensure that the Cerebral Palsy Sport Safeguarding Policy is communicated, understood and implemented throughout the organisation, its affiliates and membership.
6. Record all disclosures and ensuring recording within the organisational risk register whilst maintain confidentiality
7. Respond to any complaints about poor practice or allegations of abuse.

c. Lead Safeguarding Officer responsibilities

i. It is the responsibility of the Lead Safeguarding Officer to:
   1. Keep the written policy and procedures up to date.
   2. Be accountable to the CEO for safeguarding matters.
   3. To work with the organisation’s lead board member for Safeguarding on safeguarding matters when appropriate.
   4. Safeguard and promote the interests and wellbeing of everyone involved in the delivery of Cerebral Palsy Sport’s development programme and fundraising programme.
   5. Respect and promote the rights and welfare of all involved in Cerebral Palsy Sport.
   7. Support the suitable recruitment, training and supervision of its employees and volunteers relating to safeguarding so as to promote best practice to safeguard and protect young people and adults at risk from abuse.
   8. Ensure that the Cerebral Palsy Sport Safeguarding Policy and procedures is communicated, understood and implemented throughout the organisation, associate members and full members.
   9. To liaise with appropriate safeguarding organisations and partners to ensure the effective sharing of appropriate information and good practise.
10. Respond to any complaints about poor practice or allegations of abuse.

11. Support the development of the organisation’s safeguarding policy.

12. Develop and maintain role profiles for team members and volunteers (Copies retained on Cerebral Palsy Sport Z Drive).

d. **Training and Development and DBS Checks**
   
i. Following the recruitment of new Trustees, formal safeguarding training will be provided to all Trustees.

   ii. All paid team members and appropriate volunteers will receive appropriate safeguarding training.

   iii. A basic DBS check will be undertaken for all Trustees and only enhanced checks will be undertaken if related Trustees activities come under defined “regulated activity”.

e. **Organisational Policies and Diligence**
   
i. The organisation will undertake to review its policy and related policies annually or in the event of any appropriate legislative changes.

4. **Statutory requirements on Safeguarding Adults at Risk**

a. **DBS (Disclosures & Barring Service) and background.**
   
i. **What DBS do** — The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups, including adults at risk. It replaces the Criminal Records Bureau (CRB) and Independent Safeguarding Authority (ISA).

   ii. DBS are responsible for:
      
      1. processing requests for criminal records checks
      2. deciding whether it is appropriate for a person to be placed on or removed from a barred list
      3. placing or removing people from the DBS adults’ barred list for England, Wales and Northern Ireland

b. **Definition of regulated activity for safeguarding adults at risk**
i. The definition of ‘Regulated Activity’ focuses on the type of activity and the frequency or intensity of the contact and that the individual conducting the activity must be unsupervised. An individual is defined as being in Regulated Activity if the following requirements are met:

1. The organisation is required by law to refer an individual to ISA if they have removed them from regulated activity because they have caused harm or because they may cause harm to an adult at risk.

2. The charity must understand what regulated activity is in order to know if they have removed an individual from it. Secondly, the charity can request DBS disclosures on individuals in and out of regulated activity is this is specified. However barred information will only be provided for individuals who are in regulated activity.

3. The charity must understand what regulated activity is in order to know if they can request barred information on an individual.

c. Test for regulated activity

i. A new test for regulated activity has been introduced which means the DBS can only bar a person from working within regulated activity with adults if we believe the person is or has been, or might in the future be, engaged in regulated activity.

ii. The only exception to this is where a person is cautioned or convicted for a relevant (automatic barring) offence and is not eligible to submit representations against their inclusion in a barred list.

iii. Additionally, where a person is cautioned or convicted of a relevant (automatic barring) offence with the right to make representations, the DBS will ask the person to submit their representations and consider them before making a final barring decision.

iv. The Flow chart of defining regulated activity is shown in Appendix 2
5. Definitions of Abuse and Recognising signs of abuse
   a. To assist working through and understanding this policy a number of key definitions need to be explained:
      i. **Adult at Risk** is a person aged 18 or over who is in need of care and support regardless of whether they are receiving them, and because of those needs are unable to protect themselves against abuse or neglect.
      ii. 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.
      iii. **Abuse** is a violation of an individual’s human and civil rights by another person or persons. See section 6 for further explanations on types of abuse.
      iv. **Adult** is anyone aged 18 or over as defined by Safeguarding legislation.
      v. **Adult safeguarding** is protecting a person’s right to live in safety, free from abuse and neglect.
      vi. **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). The legislation recognises a person over the age of 16 in the MCA.

6. Types of Abuse and Neglect – (Definitions from the Care Act 2014)
a. 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.

a. **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. In (insert name of your sport) this could be a player whose appearance becomes unkempt, does not wear suitable sports kit and deterioration in hygiene.

b. **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. In disability sport you may notice that a participant in a team has been missing from practice sessions and is not responding to reminders from team members or coaches.

c. **Domestic Abuse** – including psychological, physical, sexual, financial and emotional abuse. It also includes so called ‘honour’ based violence. Sport may notice a power imbalance between a participant and a family member. For example a participant with cerebral palsy may be looking quiet and withdrawn when their brother comes to collect them from sessions, in contrast to their personal assistant whom they greet with a smile.

d. **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 transgender.

e. **Organisational Abuse** – including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one’s own home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation. Across Cerebral Palsy Sport’s operations, this could be training without a necessary break.

f. **Physical Abuse** – includes hitting, slapping, pushing, kicking, mis-use of medication, restraint or inappropriate sanctions. This could be a coach intentionally striking an athlete.
g. **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 was pressured into consenting. This could be a fellow athlete who sends unwanted sexually explicit text messages to a learning disabled adult they are training alongside.

h. **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. This could be someone taking equipment from an athlete with dementia.

i. **Neglect** – including 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. This could be a coach not ensuring athletes have access to water.

j. **Emotional or Psychological Abuse** – this includes threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks. This could be an athlete threatening another athlete with physical harm and persistently blaming them for poor performance.

k. **Not included in the Care Act 2014 but also relevant:**
   i. **Cyber Bullying** – 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.
   ii. **Forced Marriage** – 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 make it a criminal offence to force someone to marry.

iii. **Mate Crime** – a ‘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.

iv. **Radicalisation** – the aim of radicalisation is to attract people to their reasoning, inspire new recruits and embed their extreme views and persuade vulnerable individuals of the legitimacy of their cause. This may be direct through a relationship, or through social media.

7. **Signs and indicators of Abuse and Neglect**
   a. Abuse can take place in any context and by all manner of perpetrator. Abuse may be inflicted by anyone in the club who an athlete comes into contact with. Or club members, workers, volunteers or coaches may suspect that an athlete 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:
      i. Unexplained bruises or injuries – or lack of medical attention when an injury is present.
      ii. Person has belongings or money going missing.
      iii. Person is not attending / no longer enjoying their sessions.
      iv. Someone losing or gaining weight / an unkempt appearance.
      v. A change in the behaviour or confidence of a person.
      vi. They may self-harm.
      vii. They may have a fear of a particular group or individual.
      viii. They may tell you / another person they are being abused – i.e. a disclosure.

8. **What to do if you have a concern or someone raises concerns with you.**
   a. You may become aware that abuse or poor practice is taking place, suspect abuse or poor practice may be occurring or be told about
something that may be abuse or poor practice and you must report this to Cerebral Palsy Sport’s Lead Safeguarding or Welfare Officer, or, if the Lead Safeguarding or Welfare Officer is implicated then report to Cerebral Palsy Sport’s CEO.

b. If you are at an international event and have a concern then speak to the Chef de Mission, coach or a team official.

c. If you are concerned someone is in immediate danger, contact the police straight away.

d. 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 alert, more information on this is given in Appendix 1 ‘The Legislative Framework’.

9. **How to Record a Disclosure**

   a. Make a note of what the person has said using his or her own words as soon as practicable. Complete an Incident Form and submit to the Cerebral Palsy Sport Lead Safeguarding or Welfare Officer.

   b. 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 Welfare Officer.

   c. Describe the circumstances in which the disclosure came about.

   d. Take care to distinguish between fact, observation, allegation and opinion. It is important that the information you have is accurate.

   e. 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.

   f. If the matter is urgent and relates to the immediate safety of an adult at risk then contact the police immediately.

10. **Categories of Abuse**

   a. “No Secrets” recognises six categories of abuse:

      i. physical abuse, including hitting, slapping, pushing, kicking, misuse of medication, restraint, or inappropriate sanctions.

      ii. sexual abuse, including rape and sexual assault or sexual acts to which the vulnerable adult has not consented, or could not consent or was pressured into consenting.

      iii. psychological abuse, including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks.
iv. financial or material abuse, including theft, fraud, exploitation, pressure in connection with wills, property or inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.

v. neglect and acts of omission, including 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, and

vi. Discriminatory abuse, including racist, sexist, that based on a person’s disability, and other forms of harassment, slurs or similar treatment.

11. Responsibilities of Team members, Volunteers, Coaches and Co-ordinators

   a. Paid staff and volunteers have a responsibility to be aware and alert to signs that all is not well with a person. However, they are not responsible for diagnosing, investigating or providing a therapeutic response to abuse. In addition, not all concerns relate to abuse, there may well be other explanations. It is important to keep an open mind and consider what is known about the person and his or her circumstances. No action should be taken without discussion with a member of the management team.

12. Disclosure of Abuse

   a. If a person discloses that they are being abused or any service user discloses that they are involved in abuse of a person, action should continue as in Section 14. All action must proceed urgently and without delay.

13. Suspicion of Abuse

   a. There may be circumstances when a volunteer or member of staff suspects that an adult at risk is being abused or neglected. It is vital that anyone who suspects a vulnerable adult is being neglected or abused discusses the situation immediately with his or her line manager, event co-ordinator or another member of the management team. Action should continue as in Section 7.

14. Action on Disclosure of Abuse

   a. There should always be the opportunity to discuss welfare concerns with and seek advice from colleagues, managers and other agencies, but:

      i. Never delay emergency action to protect an adult at risk.
ii. Always record in writing concerns about an adult at risk’s welfare, whether or not further action is taken.

iii. Always record in writing discussions about an adult at risk’s welfare.

iv. At the close of discussion, always reach clear and explicit recorded agreement about who will be taking what action, or that no further action will be taken.

v. At all times action must proceed urgently.

vi. A team member or volunteer informed of abuse should remind the service user that the charity cannot guarantee confidentiality where an adult at risk is at risk of abuse or further abuse.

vii. Volunteers should consult with the team member co-ordinating their service before taking any action.

viii. Additionally, all action taken following a disclosure of abuse should be discussed in advance with a member of the Cerebral Palsy Sport Senior Management team.

ix. In circumstances where a service user/member declines to disclose, despite some work having been done towards disclosing, it may be necessary to report the alleged abuse without the service user/member’s agreement. In these circumstances, a service user/member must be notified in advance of the decision to report to social services.

x. Any team member may report a disclosure of abuse to social services irrespective of the opinion of other staff.

xi. It is important for team members and volunteers to make written records of any incidents or concerns that they have as soon as possible and if appropriate to include sketches of sites and sizes of injuries. It is also important to make a record of conversations with the adult at risk and using the same language the adult at risk used especially names used for body parts of sexual acts.

xii. Full written records must be maintained of all disclosures and actions following disclosure.

15. Action on Suspicion of Abuse

a. There should always be the opportunity to discuss welfare concerns with and seek advice from colleagues, manager and other agencies but:

i. Never delay emergency action to protect an adult at risk

ii. Always record in writing concerns about an adult at risk’s welfare, whether or not further action is taken.
iii. Always record in writing discussions about an adult at risk’s welfare.

iv. At the close of discussion, always reach clear and explicit recorded agreement about who will be taking what action, or that no further action will be taken.

v. At all times action must proceed urgently.

vi. Volunteers should consult with the staff member co-ordinating their service before taking any action.

vii. Additionally, all action taken following suspicion of abuse should be discussed in advance with a member of the Senior Management team.

viii. In all cases of suspected abuse the manager and staff member should discuss whether issues relevant to different cultures and lifestyles have any bearing on the matter.

ix. As an organisation, Cerebral Palsy Sport welcomes the fact that people and lifestyles are diverse and does not make judgements about the acceptability or otherwise of lifestyles. However it is important that this philosophy does not stand in the way of the organisation’s responsibility to protect adults at risk from harm.

x. Any team member may report a suspicion of abuse to social services irrespective of opinion of other staff.

xi. It is important for team members and volunteers to make written records of any incidents or concerns that they have as soon as possible and if appropriate to include sketches of sites and sizes of injuries. It is also important to make a record of conversations with the adult at risk using the same language that the adult at risk used especially names used for body part or sexual acts.

xii. Full written records must be maintained of all disclosures and actions following a disclosure.

16. Making a Referral

a. Social Services departments have been designated as the lead agencies with responsibility for co-ordinating a response to allegations or concerns of abuse.

b. The Safeguarding Lead officer or any of the Cerebral Palsy Sport’s National Service Officers has the responsibility of informing the relevant social services department of concerns over the abuse or neglect of vulnerable adults. Detailed referral arrangements may differ between
localities and, therefore, managers should ensure that they have up-to-date referral information for their locality.

c. Managers should work within the following timescales for reporting allegations or suspicions of abuse:
   i. Immediate if the adult at risk is at risk of serious physical harm, or a serious criminal act has taken place, and evidence will need to be kept safe.
   ii. Within 24 hours if it relates to a specific incident which is, or may be still going on, or may happen again.
   iii. Within 7 days if it is a more general concern, which does not indicate immediate harm.

17. Support to Team members, Volunteer, Coach, Co-ordinator
   a. Cerebral Palsy Sport will support staff and volunteers in these circumstances. If the social services department need further involvement from staff or volunteers following a report of abuse, a member of the management team will discuss with the social services department the nature of their needs and how they might be met.

18. Allegation of Abuse Made Against a Team Member or Volunteer
   a. Team members and volunteers may be subject to abuse allegations. Cerebral Palsy Sport will offer support in these circumstances, but the social services department will be assisted in their investigation and the disciplinary procedure may be implemented.

19. Confidentiality
   a. Confidentiality is central to the work of Cerebral Palsy Sport, and the attention of all staff and volunteers is drawn to the Confidentiality and Privacy Policy (CPS052) and will be operate with the General Data Protection Regulations 2018.

20. Preventing Abuse by Team members, Volunteer, Coach, Co-ordinator
   a. It is important that any team members or volunteers who are likely to be working along with adults at risk are thoroughly vetted before being employed. At Cerebral Palsy Sport this means as well as references being checked there will also be a requirement for offences to be declared and a Criminal Records Bureau check undertaken. It should be noted that having a criminal record does not prevent someone from being recruited as a staff member or volunteer in all circumstances. Team members should seek the advice of their manager/safeguarding officer in cases of doubt. It may be very hard for a team member to report a concern about a colleague to a line manager, but, as with all the
other difficulties people will come across, the safety and protection of a vulnerable person must be the priority in any decision that is made.

   a. How to respond and actions to avoid and reporting concerns or suspicions
      i. DO’s:
         1. Stay calm – do not rush so you don’t frighten the individual, as this may lead to the withholding of information.
         2. Always reassure – the individual that he/she is not to blame that they were right to raise awareness of this issue
         3. Follow confidentiality procedures – this includes telling the individual that you may have to inform others to help
         4. Stop the abuse. Confidentiality must be maintained but any concerns or information relating to possible abuse must be shared on a need to know basis.
         5. Ensure the safety of the individual – if urgent medical attention is required, then call an ambulance, inform the paramedics/doctor of concerns and ensure they are aware of the safeguarding/protection issue
         6. Take notes – Completion of the incident report form. All concerns will be treated with a ‘non-judgemental’ and ‘open mind’ and be handled in a fair and equitable manner.
         7. You – in order to ensure that your wellbeing is not hindered during a safeguarding issue please be aware that there are
support mechanisms for you to access. Speak to your line manager, Head Coach, designated development officer or Cerebral Palsy Sport Safeguarding Lead Officer for advice.

ii. Don’ts
1. No Rushing – into actions that may be inappropriate. Do not approach the alleged accuser and do not take actions that may compromise/destroy evidence e.g. washing clothes, showering etc.
2. Express your emotions and or make promises – the individual will need reassurance not an emotional response, blame or denial. Don’t guarantee promises you cannot keep.
3. Take sole responsibility – consult, refer and hand on appropriately.
4. Speculate or make assumptions – outcomes will be focused on evidence and fact. In addition do not assume that someone else is aware of the abuse and that they are taking action to stop the abuse.
5. Interview the person or probe them for detailed information as this could compromise future police enquiries. Ascertain basic information in order to pass the concern on.

b. Recording Information
i. Team members/volunteers should record any allegations or suspicions of abuse. This information should be completed as soon as possible following the incident and may be required by statutory authorities. This information must be clear, specific and strictly factual. It should not be a team member/volunteers opinion. The person should have access to any recorded information on or about themselves.

ii. The team member/volunteer should make accurate note of:
1. Date and time of incident or disclosure.
2. People involved (names, addresses, and ages)
3. What was said and done by whom.
4. Details of significant marks/bruises or behaviour changes.
5. Any action taken by Cerebral Palsy Sport.
6. Where relevant reasons why there was no referral to a statutory agency.

7. Names of person reporting the concern and to whom they reported the incident

22. Record, Act and Never Assume
   a. Reporting flow chart and reporting chain
      i. Flow chart of action to take if you are concerned for the welfare of an adults at risk inside the setting of a Cerebral Palsy Sport event is shown in Appendix 3

23. Assessing capacity
   a. A person’s capacity must be assessed at the point at which a decision is needed, taking into account relevant and immediate circumstances as well as possible long-term issues.
   b. Adults are assumed to be competent to give consent in making decisions, unless otherwise demonstrated by their capacity being affected by things such as; medication, substances and some untreated mental health issues. For adults, this means that they have the capacity to choose how they live and make decisions about their safety, even if we do not agree with certain decisions.
   c. If you are unsure or concerned that the person may not have the mental capacity to make an informed choice about their safety or evaluate the risk of abuse with their situation, you can report this to the Lead Safeguarding Officer at Cerebral Palsy Sport without consent.

   Cerebral Palsy Sport recognises that film and photography can be used positively in sport to celebrate success and as a useful coaching aid. However we also know that abuse can extend beyond acts of a physical or mental nature. For any Cerebral Palsy Sport activity or event, the following people must register their intentions by completing the ‘Use of Photography Equipment Form, with the event organiser. It is the responsibility of the organisers to ensure that forms are readily available.
   a. Professional photographers/filming/video operators – Where possible, professional photographers etc. should register at least 3 working days before the event, providing some form of professional identification. The Cerebral Palsy Sport and venue paperwork will be filled on the day.
b. **Students or amateur photographers / film / video operators** – should fill in the relevant paperwork together with their student or club registration card and a letter from their club / educational establishment outlining their motive for attending the event.

c. **Spectators (including parents or relatives)** – spectators wishing to use photographic / tablet / phone / film / video equipment with a telescopic or zoom lens should register their intent with the promoter of the event by completing the relevant paperwork.

d. Where a photographer fails to register, or where there is sufficient reason for the organiser to doubt the motive of a photographer, Cerebral Palsy Sport reserves the right to prevent access to the event by that person.

e. Should this fail, Cerebral Palsy Sport maintains the right to contact the venue management and where necessary, inform the Police. Responsibility for implementing and monitoring the procedures will be undertaken by the event organiser. Event organisers should issue accreditation badges to eligible photographers, to avoid confusion or possible embarrassment. Regular photographers need only register once.

25. **Videoing as a coaching aid**

a. There is no intention to prevent coaches using videoing as a legitimate coaching aid. However, where this is intended, the athletes and their parents / carers should be aware that this is part of the coaching programme and informed consent should be sought and gained in writing and care should be taken in the storing of such images in compliance with Data Protection Act 1998.

b. **Use of Images – Easy Rules to Remember**

   i. When the use of images is to be used, the following procedures should be followed:

      1. Permission (written) should be granted by the participant and parent / carer / s in order to take and use images. This ensures that the person and their responsible adult are aware of how the image will be used to represent the sport. Completion of the consent form is a good practice example.

      2. Holding back the use of personal information such as: email addresses, telephone numbers, home address etc. This is paramount to not putting children, young people or
vulnerable adults at risk. Images where an individual is named (i.e. on clothing) should not be used.

3. Only use images of participants that are suitably dressed (appropriate sportswear i.e. tracksuit, court clothing).

4. Try to focus on the activity and field of play rather than on an individual or background where other people may feature. As a good practice example, images that represent the broad range of people in the chosen activity are more beneficial (i.e. male and female, different age ranges.,)

5. Only use images that promote positive aspects of adult’s involvement in Cerebral Palsy Sport sports/fundraising (safe, enjoyable, competitive, structured etc.)

26. **Use of Photographic and Recorded Images when teams are abroad**
   a. When teams are involved in games and activities abroad, it is important to note that not all countries have the same high standards as the UK for the protection and safeguarding of adults. The use of camera/video cameras inside facilities is very likely. In these circumstances parents/carers must be made aware that images and content of their adult are possibly going to be captured and it is for the parent/carer to decide whether consent to travel be given to play in these circumstances.

27. **Away Trips & Overnight Stays Policy**
   a. Travelling to away events and participating in competitions away from home should be both safe and fun for athletes. Away trips and overnight stays provide an opportunity for adults involved in Cerebral Palsy Sport to grow self-esteem, independence and confidence.

   b. Trips may vary from short journeys across county or they may involve more complicated arrangements sometimes including overnight stays. When taking a team or individuals away from their home setting to compete, consideration and planning needs to be paramount to ensure the duty of care for adults at risk is fulfilled.

   c. Extensive planning will be undertaken by the operational team to take into consideration the specific and complex needs of our beneficiaries with the drawing up of specific risk assessments and care plans.

   d. Considerations that need to be taken into account when planning and taking a team to an away fixture or event include:
      i. Staff appointments (e.g.-Head Coach supported by Assistant Coach(es) a Team Manager and designated Welfare Officer).
ii. Ensure that the group agree to act within the Cerebral Palsy Sport Codes of Conduct.

iii. Ensure that all staff that have responsibility for adults at risk have been recruited and undertaken the appropriate risk assessments and safety checks in accordance with Cerebral Palsy Sport policies and procedures for recruiting staff and volunteers.

iv. Ensure that risk assessments are completed.

v. Ensure that as part of the risk assessment an emergency ‘home contact’ i.e. a parent or carer who is not travelling away, can act as the emergency point of contact if required.

e. Communicating with PAs/Carers

i. The following information needs to be confirmed and communicated to PAs/Carers when travelling to away fixtures or events:

1. Competition details
2. The destination and venue details
3. Time of departure
4. Time of return
5. Name of the Team Manager/Coach who is responsible for the team.
6. Contact details for the Team Manager/Coaches and Home Emergency contact
7. Contact details and any medical information for the member of the team.
8. Pick up point
9. Method of transport
10. Kit requirements
11. Any costs that may be incurred i.e. cost of transport, competition fee and money for refreshments

f. Supervision

i. All team members, paid or volunteers must have complied with and been checked through the recruitment procedure.

ii. All team members should be familiar with the Cerebral Palsy Sport safeguarding policy procedures and the designated person for safeguarding must have attended the Safeguarding and Protecting Children (SPC1)

iii. For single sex groups, there must be at least one same gender member of staff.
g. Roles and Responsibilities for Team Members
   i. All team members need to have a clear knowledge and understanding of their role and responsibility for the team.
   ii. A clear definition in regards to the role of Coaching staff – responsible for safe training and competition elements, and Team Manager (and any other staff) - taking responsibility for any other necessary support.
   iii. There needs to be a register so that head counts can be taken at any point.
   iv. All team members must go through an induction programme ensuring they understand:
      1. The Cerebral Palsy Sport Safeguarding policy and procedures.
      2. Codes of ethics and conduct
   v. All team members must be in receipt of a full itinerary, which includes; travel arrangements, medical information and emergency contact details.
   vi. Parents and carers travelling with the team understand their role as parents/carers is as spectators and the role of the designated Team Manager and Coaching staff is to be responsible for the team and therefore they should not compromise the situation.
   vii. All team members and travelling athletes, coaches and parents must be aware of the No Alcohol policy which is detailed in the Cerebral Palsy Sport Code of Conduct.

h. Transport
   i. Collection: In order to set a high standard of understanding and to reduce the risks for adults at risk, it is advised that Cerebral Palsy Sport should provide a timetable of activities at the beginning of the event. Parents/carers should be notified about any changes to the timetable as soon as possible.
   ii. In reference to the transportation of individual team members and members, parental/carer consent in writing (where possible) should be sought prior to any transportation taking place.
   iii. Safeguarding Checklist:
      1. Communication
         a. Destination and venue details are established and communicated to parents/carers/participants
b. Provide details of event(s)
c. Kit required
d. Drop off/collection times

2. Transport
a. When a person associated with an event and is providing transport for other people within the event, it is essential to follow the guidelines below:
b. Qualified driver
c. Insurance cover
d. Suitable, accessible and appropriate vehicle (i.e. MOT, Road Taxation License)
e. Supervision en-route
f. Journey times and stopping points

i. Late Collection
   i. Issues around late collection can create many problems for our team members. It is therefore advised that team members actively communicate guidelines for dealing with such issues. It is important to note that it is not the responsibility of the staff to transport individuals in the event of late collection.
   ii. Examples of good practice include:
       1. Parent/PA/Carer contact details available.
       2. Minimum of two Cerebral Palsy Sport team members present when waiting with individuals.
       3. Additional contacts (emergency) available for staff to contact in the event of failure to contact parent/carer.
       4. Remind parent/carers of the guidelines.
   iii. What Cerebral Palsy Sport team members should not do:
       1. Take the individual home or to any other location
       2. Wait alone with the individual
       3. Send the adult home with another person without the consent of the parent/carer.
       4. Leave the adult at risk unattended.

28. Important Contacts
   a. Cerebral Palsy Sport National Office
      i. Cerebral Palsy Sport, Unit 5, Heathcoat Building, Nottingham Science and Technology Park, University Boulevard, Nottingham. NG7 2QJ. Tel: 0115 925 7027
      ii. Email: info@cpsport.org
b. The Anne Craft Trust
   i. The Anne Craft Trust, Centre For Social Work, University of Nottingham Campus, University Park, Nottingham NG7 2RD. Tel: 0115 951 5400
   ii. Email: ann-craft-trust@nottingham.ac.uk
   iii. Web: https://www.anncrafttrust.org/

c. Criminal Records Bureau
   i. The Criminal Records Bureau (CRB) and the Independent Safeguarding Authority (ISA) have merged into the Disclosure and Barring Service (DBS). CRB checks are now called DBS checks.
   ii. Disclosure helpline – Contact the disclosure customer services department if you have any questions. If you send an email, include your full name, address, telephone number and any DBS reference numbers.
   iii. Disclosure customer services
customerservices@dbs.gsi.gov.uk
   Telephone: 0870 909 0811
   Minicom: 0870 909 0344
   iv. DBS barring helpline
   Telephone: 01325 953795

d. Local Citizens Advice Bureau
   i. Website: www.nacab.org.uk

e. Local Authorities (Social Services)
   i. Website:

Appendix 1 - Reporting Flow Chart

Do you have a concern about the behaviour of an adult at risk?

YES

Do you have immediate concerns for the safety or welfare of an adult? Do you suspect abuse or is the person at risk of imminent danger?

YES

NO
Appendix 2: Cerebral Palsy Sport Codes of Conduct

1.1. Cerebral Palsy Sport Code of Conduct for Team members & Volunteers
Roles and responsibilities

1.1.1 Team member and volunteers responsibilities

- Cerebral Palsy Sport team members/ coaches and volunteers involved in sport
  for people with a disability have a great opportunity to be a positive role model
  and help build an individual’s confidence.

1.2 Team members and volunteers are expected to:
• Ensure the safety of all people by careful supervision, proper pre-planning of coaching sessions, using safe methods at all times.
• Consider the wellbeing and safety of participants before the development of performance.
• Encourage and guide participants to accept responsibility for their own performance and behavior.
• Treat all people equally and ensure they feel valued. Have no favorites.
• Encourage all people not to discriminate on the grounds of religious beliefs, race, gender, social classes or lack of ability.
• Not allow any rough or dangerous play, bullying, or the use of bad language or inappropriate behavior.
• Appreciate the efforts of all people and not over-train anyone people. Never exert undue influence over performers to obtain personal benefit or reward.
• Be positive, approachable and offer praise to promote the objectives of Cerebral Palsy Sport at all times.
• Not let any allegations of abuse of any kind to go unchallenged or unrecorded if appropriate. Incidents and accidents to be recorded on the organiser’s incident/accident report forms. PA’s / carers will be informed.
• Report accidents or incidents of alleged abuse or poor practice to the designated person.
• Administer minor first aid in the presence of others and where required refer more serious incidents to the organiser’s designated “first aider”.
• Have access to telephone for immediate contact to emergency services if required.
• Foster team work to ensure the safety of the people in their care.
• Ensure the rights and responsibilities of all people with a disability are enforced.
• Not abuse members physically, emotionally or sexually.
• Not engage in a sexual relationship with a young person for whom they are responsible.
• Maintain confidentiality about sensitive information.
• Respect and listen to the opinions of all persons.
• Take time to explain coaching techniques to ensure they are clearly understood.
• Develop an appropriate working relationship with participants, based on mutual trust and respect.
• Refrain from smoking and consumption of alcohol during the organiser’s activities or events.
• Never condone rule violations, rough play or the use of prohibited substances.
• Do not spending excessive amounts of time alone with children excluded in exceptional circumstances
• Never take an adult at risk to their home
• Do not administer First Aid involving the removing of any person’s clothing unless in the presence of others.
• Hold appropriate valid qualifications and insurance cover.
• Make the sport/activity fun.

1.3 Cerebral Palsy Sport Code of Conduct for Parents/ PAs and Carers

PA / carer’s responsibilities
• Positively support the person and show an interest in their chosen activity.
• Do not place people under pressure or push them into activities they do not want to do.
• Complete and return the Registration, Medical and Consent Form pertaining to the person’s participation with “Name of Event” (see parental consent).
• Deliver and collect the person you are responsible for punctually before and after sessions/matches/the event.
• Ensure people have clothing appropriate to the weather conditions
• Ensure that proper sportswear and protective equipment are worn. Any person not in possession of the fundamental requirements will not be permitted to participate.
• Detail any relevant medical concerns or conditions pertaining to their child on the registration/consent form. Any changes in the state of the child’s health should be reported to the coach/school/event staff prior to the activity.
• To inform the organiser prior to the activity starting if the person you are caring for is to be collected early.
• Encourage people to play by the rules, and to support them in understanding that they can only do their best.
• Show appreciation and support the coach/school/event staff.
• Ensure the person you are caring for is punctual.
• Be realistic and supportive.
Ensure the adult has appropriate change of clothes, plus adequate food and drink.
Accept the official’s judgment and do not enter the field of play
Promote participation and playing sport for fun.

1.4 Cerebral Palsy Sport Code of Conduct for Participants

Participant responsibilities
- Be friendly and particularly welcoming to new members.
- Keep yourself safe.
- Be supportive and committed to other team members.
- Report inappropriate behaviour or risky situations.
- Play fairly and be trustworthy
- Respect officials and accept decisions
- Respect opponents
- Not cheat or be violent and aggressive
- Behave and listen to all instructions from the coach. Play within the rules and respect the official and their decisions
- Please respect the rights, dignity and worth of all participants regardless of age, gender, ability, race, cultural background or regions beliefs or sexual identity.
- Refrain from the use of bad language or racial references, this includes bullying using new technologies like chat-rooms or texting
- Keep to agreed timings for training and competitions or inform the coach or team manager if they are going to be late.
- Please wear suitable kit
- Please pay any fees for events promptly
- Do not smoke whilst representing Cerebral Palsy Sport at events
- Do not consume alcohol or drugs of any kind whilst representing Cerebral Palsy Sport at events.
- Please take care of equipment owned by Cerebral Palsy Sport

Appendix 3 - Flow chart of defining regulated activity
Appendix 4: Management of Personal Data and Data Protection

The Data Protection Act

The Data Protection Act and the General Data Protection Regulations (EU) 2016/679 controls how your personal information is used by organisations, businesses or the government. Everyone who is responsible for using data has to follow strict rules called ‘data protection principles’. They must make sure the information is:

- used fairly and lawfully
- used for limited, specifically stated purposes
- used in a way that is adequate, relevant and not excessive
• accurate
• kept for no longer than is absolutely necessary
• handled according to people’s data protection rights
• kept safe and secure
• not transferred outside the UK without adequate protection

There is stronger legal protection for more sensitive information, such as:

• ethnic background
• political opinions
• religious beliefs
• health
• sexual health
• criminal records

Storing of DBS checks log

• A log is maintained of the team member name, the date of their DBS issue and DBS number. No other personal data is retained. It is kept for no longer than is absolutely necessary and only for as long as the individual works for or is involved with the charity.
• Handled according to people’s data protection rights and GDPR
• Kept safe and secure
• Not transferred outside the UK without adequate protection

Defining Cerebral Palsy Sport safeguarding checks through role profile management and checklist

• Role profile checked on annually basis
• Cross matching to DBS flowchart.
• Determine if individual is in regulated activity.
• Determine how often the activity happens
• Is the individual in a paid role in a specified place.
• Is the individual carrying out the activity unsupervised?

Risk assessment of safeguarding of new activities

• It is the duty of every member of staff to ensure there is a risk assessment form filled in prior to any of Cerebral Palsy Sport events.
• The risk assessment form is to be sent to the venue and copy to be held in the Cerebral Palsy Sport National office.
Appendix 5 – List of Linked Policies

- CPS005 - Sports Development Operations Manual
- CPS008 - Code of Conduct Staff and Volunteers
- CPS042 - Harassment and Bullying Policy
- CPS042 – Whistleblowing Policy
- CPS046 – ICT Policy
- CPS051 - Social Media Policy

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